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**COMPREHENSIVE PLAN FOR
ALCOHOLISM AND DRUG ABUSE
PREVENTION, TREATMENT AND
REHABILITATION**

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**State of Montana
Department of Institutions
Alcohol and Drug Abuse Division**

79-27

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1.0 STATE AGENCY POLICY AND PLANNING PROCESS

1.1 INTRODUCTION

The Montana State Plan for alcohol and drug abuse prevention, treatment and rehabilitation is a public document that presents a coordinated comprehensive plan for the orderly development and implementation of substance abuse prevention, treatment and rehabilitation programs for the entire State of Montana.

It serves as a basis for the allocation of formula grant funds and provides the rationale and effective basis for the utilization of federal, state, and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs to deal with alcohol and drug abusers within the State.

The State Plan is to be used as a guide for coordinated statewide substance abuse efforts; it is not intended to be an unchanging document, but is designed as a workable tool for the use of all individuals, groups, and agencies working with alcohol and drug abuse in Montana.

1.2 PURPOSE

Under delegated authority from the Director, Department of Institutions, the Alcohol and Drug Abuse Division (ADAD) will:

1. Review, evaluate and coordinate all federal and state funding proposals relating to alcohol and drug abuse.
2. Develop and review annually a state plan for Alcohol and Drug Abuse with all programs reviewed in terms of regional plans and this State Plan.
3. All efforts and programs of the Division will encourage the development of coordinated community, regional and statewide programs with the broadest possible citizen involvement.

1.3 PROGRAM PHILOSOPHIES and POLICIES

The statewide philosophy for delivery of alcohol and drug abuse services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (147,138 sq.mi.) it ranks 41st among states in population (700,000), with approximately five persons per square mile. The ethnic distribution of the state is 95.5% white, with the remainder (4.2%) being predominantly American Indian.

Responsibility for all functional activity carried out under the Montana State Plan for Alcohol and Drug Abuse rests with ADAD staff and the State Advisory Council on Alcohol and Drug Dependency. The State Advisory Council is composed of eight staff members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. Annually, the Council reviews draft materials and approves the final versions of the annual state plan.

The ADAD administers and coordinates the treatment and prevention of alcohol and drug abuse through regional and local programs. The ADAD provides technical assistance to programs to ensure that all projects are in compliance with state and federal guidelines and that goals and objectives are consistent with the state policies for substance abuse services. Funding is dispersed according to priorities and needs as outlined in the annual state plan.

The Montana Alcohol and Drug Abuse Division assures that adequate attention will be given to special emphasis programs including:

- Racial and ethnic minorities (primarily Native American)
- Women
- Youth
- Elderly

The Division also assures that provisions of Section 408 of the Drug Office Treatment Act of 1972 as amended by P.L. 93-282 (21 USC 1175) and Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 as amended by P.L. 93-282 (42 USC 4582) which provides that records of the identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance of delivery of substance abuse services authorized or assisted under the Act or any Act amended thereby, shall be confidential and may be disclosed only under the circumstances expressly authorized under section 408 and 333. All agencies covered under this Act will familiarize themselves with this regulation.

During FY 1979 the Division will continue to work towards development of third party payments including preparation of specific legislation to be presented to the 46th legislature in 1979.

The Alcohol and Drug Abuse Division will continue to operate in accord with the Department Affirmative Action Plan which prohibits discrimination, details hiring practices, training and advancement policy and aids in internal development.

The Division recognizes the need to continually improve coordination and cooperation among state social services agencies in support of alcohol and drug abuse activities. Many state agencies have responsibility for certain aspects of the total service delivery system. The Department of Institutions has the primary responsibility but other state departments have specific functions.

Working relationships have been developed with the Department of Health and Environmental Sciences, Social and Rehabilitative Services, the Department of Community Affairs, the Department of Justice and the Department of Public Instruction.

Coordination of all alcohol and drug abuse services is a longterm function that involves many of the state departments. This department intends to create every opportunity for meaningful involvement of other state departments having a role or function in the delivery of services to the alcohol or drug abuser throughout the state.

1.3.2 Planning and Coordination

The responsibility for the preparation of the annual Montana State Plan for Alcohol and Drug Abuse will continue to rest with the Alcohol and Drug Abuse Division. The Division will prepare an annual plan draft for review by the State Advisory Council, Montana Health Systems Agency, State Health Coordinating Council, and the general public; and will also guide the development of regional and local planning capability.

Responsibility for management and coordination of funding applications is a function of the ADAD, with recommendations from the State Advisory Council on Alcohol and Drug Dependence.

1.3.3 Treatment and Rehabilitation

The Division has developed a service philosophy for alcohol and drug programs alike. This philosophy, while not complex, will provide an opportunity to measure the qualitative effectiveness of our services - a long needed attribute. Our mission will be to increase the frequency of client participation in socially acceptable, productive activity as an alternative to dysfunctional abuse of alcohol or other addictive drugs. To measure accomplishment of this mission, we have outlined three measurable treatment objectives:

1. To reduce the number of drop-outs from our treatment programs.
2. To increase the frequency of contact between clients and program services.
3. And finally, to develop less client dependence on alcohol, drugs and our programs by increasing client participation in training/education, employment and community activities.

Use of illegal drug compounds is not always considered abuse, but is considered to be a drug problem. The use of any chemical substance, legal or illegal, which creates health or behavioral problems resulting in operational impairment or dysfunction, i.e., abuse, is viewed as an alcohol or drug abuse problem.

The ADAD shall continue to provide support and technical assistance in upgrading established substance abuse treatment and rehabilitation services statewide. The Division will continue to focus upon special emphasis groups: including:

- Ethnic minorities (primarily American Indians)
- Women
- Youth
- Elderly

1.3.4 Management Information Systems

The ADAD recognizes that accurate data is essential for efficient program management and evaluation.

The Alcohol and Drug Abuse Division will fulfill Integrated Drug Abuse Reporting Process (IDARP) contract requirements, even though the contract has expired, by continuing to manage and maintain the Client Oriented Data Acquisition Process (CODAP), National Drug Abuse Treatment Utilization System (NDATUS) and State Alcoholism Profile Inventory Survey (SAPIS). The Division will ensure that all NIDA and NIAAA reporting, training, operational, evaluation and confidentiality requirements are met in a satisfactory manner.

The Division also maintains the statewide alcohol management information system. All state approved alcohol programs will report on the alcohol MIS as a requirement of state approval. (80-2711, 2713 RCM 1947).

The state office will also develop timely data output reports for state and local program management.

CODAP and alcohol MIS data will be used, together with other available data pertaining to substance abuse, for purposes of program planning, evaluation and allocation of funds.

1.3.5 Research and Evaluation

Evaluation and monitoring of alcohol and drug programs centers around the common program review process developed by the ADAD, in coordination with the Mental Health and Residential Services Division, for the review of alcohol and drug abuse treatment programs and community based mental health programs. All criteria and procedures have been published in the Evaluation Handbook and

distributed to all community programs. (80-2713, RCM 1947)

Comprehensive on-site program reviews of alcohol and drug abuse programs are conducted on an annual basis as well as prior to issuance of a "state approval" certificate to alcoholism programs. The purpose of the program review process, as outlined in the handbook includes the following objectives:

- To improve program performance and client service levels
- To help ensure statewide compliance with federal and state standards
- To help achieve efficiency and economy in program operations
- To assist in determination of program funding levels and approval of contracts
- To determine areas of needed technical assistance and training
- To gather data for development of additional standards for program performance.

1.3.6 Prevention, Intervention, Education and Public Information

The ADAD perceives many prevention functions within the realm of other state agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social Rehabilitative Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc. A specific function of the ADAD is to facilitate cooperation between interagency alcohol and drug abuse prevention projects.

Prevention - prevention is the concept that by implementing a variety of effective learning processes and alternative activities, behavior acceptable to the individual and society can be facilitated. Prevention efforts include: intervention activities which emphasize prompt recognition; education activities aimed at assisting individuals in developing values, coping and decision making skills, informational activities which utilize mass media, brochures and other methods to provide information regarding the effects of alcohol and drug use and abuse. Prevention also deals with the promotion of alternative aspects of the environment which minimize alcohol and drug abuse.

The ADAD will develop alcohol and drug abuse education which will be made available to the public, through acceptable curricula and will develop education methods for use in public media.

Technical assistance and support will be given by the ADAD to existing alcohol and drug abuse prevention and intervention resources.

A resource file will be available at the ADAD for the general public or other agencies interested in obtaining information

regarding alcohol and drug abuse prevention.

1.3.7

Training and Certification

As a legal, public entity the Montana Alcohol and Drug Abuse Division has the following mandate: "to oversee all treatment agencies delivering services to substance abusers. To ensure adequate service delivery to those persons within the state, addicted or habitual users of alcohol and/or drugs it is viewed as necessary to place quality controls upon programs and their personnel." By initiating and maintaining a volunteer counselor certification system the state will be able to regulate and provide for high quality staff.

In this system, requirements are established regarding counselor education, training, and experience. Persons who meet minimum requirements become eligible to be certified.

The ADAD will continue to develop resources for training. The Division is also responsible for the development of a training evaluation component whereby training is modified to meet identified needs.

1.3.8

Criminal Justice Interface

Active cooperation between the Alcohol and Drug Abuse Division and the Montana Board of Crime Control (MBCC) is viewed as essential to both agencies for effective planning and development of alcohol and drug abuse treatment services. A formalized agreement exists between the ADAD and the Board of Crime Control, and the State Law Enforcement Assistance Act (LEAA) agency. The ADAD also provides relevant training opportunities for criminal justice personnel who work with substance abusers.

An agreement also exists between the Alcohol and Drug Abuse Division, Department of Institutions, and the Law Enforcement Services Division of the Montana Department of Justice. The law enforcement detection laboratory, located in Missoula, provides analysis of substance from crime scenes and aids pathological work by identifying drugs or lethal substance in the body.

1.4

PLANNING PROCESS

To facilitate planning and delivery of services, the Governor divided the state into five planning regions (See Exhibit 1). These regions are the same for Health Systems Planning, Mental Health and Retardation Centers and planning for Alcohol and Drug Abuse.

Regional alcohol and drug abuse plans were developed in each of the five planning regions. Regional planning for substance abuse services is the responsibility of Alcohol and Drug Boards in Regions I, II and V. The ADAD contracted with consultant planners to provide uniform planning information from Regions III and IV. Input from county and city officials within the Regions is included in the regional planning process.

[illegible]

Exhibit 1 - Map of Montana
Divided into Mental Health
Planning Regions

To identify the unique concerns and needs of Montana's Native American population, the regional planning process provides input from Native Americans residing on reservations and in urban areas and this input is incorporated into the regional plans.

Each section within the ADAD drafted proposed goals, objectives, and action steps specific to the function of each section. The goals and objectives delineated by the ADAD are based upon regional planning input and upon available statistical data. The ADAD goals and objectives were reviewed and prioritized by ADAD staff and were then submitted to the State Alcohol and Drug Advisory Council for recommendations.

Prioritization on regional and state levels takes place after needs have been clearly identified, documented, and goals and objectives established. Priorities are based upon needs as identified in the planning process and funding availability. In addition, the ADAD staff and State Alcohol and Drug Advisory Council review each regional plan and priority judgements are made, if necessary.

Acting as an evaluator, members of the State Advisory Council study reports from individual project representatives, and State ADAD staff, enabling the council to make recommendations concerning priorities, budget allocations, and continued project funding.

1.5 SUBMISSION, REVIEW, and APPROVAL of the STATE PLAN

The State Plan will be reviewed and updated as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available. Any revisions or updating will be subject to the same review procedure as the plan itself.

The procedure to be followed in the submission and review of the plan will be as follows; as soon as possible following submission of the plan for a fiscal year, staff revision and updating of the document will begin. The plan for each fiscal year will be developed and prepared for review by the Advisory Council as early in the fiscal year as is practical.

Following council review and comments, the plan will be available for review by the Montana Health Systems Agency, State Health Coordinating Council and the general public. Availability for public review will be announced through a description of the plan and a notice of its availability, published in statewide newspapers thirty (30) days prior to submission for approval.

Copies of the plan will be submitted to the Office of the Governor, A-95 clearinghouse for review and comments relative to the relationship of this plan or any modifications of the plan to other state plans and programs and the ADAD will provide the Department of Health, Education and Welfare with their comments.

Forty-five days will be allotted for such review, and any comments or statements will be submitted with the plan.

2.0 NEEDS ASSESSMENT

2.1 Introduction

Drug Data

The most detailed analysis of drug data available to the Alcohol and Drug Abuse Division (ADAD) is based upon Client Oriented Data Acquisition Process (CODAP), collected from state approved drug treatment programs and processed by the ADAD. The Division has been using a computer program, the Statistical Package for the Social Sciences (SPSS), to aid in retrieval and analysis of CODAP data. With the recently acquired SPSS capability, correlations of CODAP data to determine incidence and prevalence has enhanced planning efforts.

The ADAD also relies on crime and arrest data as an indicator of drug related problems. The Montana Board of Crime Control collects, analyzes and disseminates information through the Montana Offense Information System, a counterpart of the National Uniform Crime reporting program operated by the Federal Bureau of Investigation.

All CODAP data used in this plan is derived from calendar year 1977 client admissions and discharges.

Alcohol Data

A major accomplishment in the past year was the implementation of a statewide computerized alcohol information system (AIS). All state approved alcohol programs began reporting on the AIS in September 1977. The Division also uses the SPSS computer package in analysis of alcohol data. The SPSS statistical package has enabled the ADAD to do special data analysis and to respond to specific requests for data comparisons.

Prior to implementation of the AIS the Division could not verify the accuracy of treatment data reported by community programs because a formalized data reporting system did not exist. Also, until 1977 there were no standardized definitions or procedures for determining when a person was to be counted as a new admission.

All state approved alcohol programs are now required to report on the statewide AIS which enables the Division to verify the accuracy of all client data submitted to the state.

All AIS data used in this plan is derived from reports submitted by community alcohol programs since implementation of the system in September 1977.

As with drug information, the Division uses statistics derived from the Montana Offense Information System as an indicator of alcohol related problems.

The Division has not been able to collect information regarding alcohol and drug admissions to statewide hospitals. The Montana Hospital Association has indicated a willingness to cooperate with the ADAD for the purpose of collecting alcohol and drug admission data in the upcoming year. (See Exhibit 2).



Montana Hospital Association

(406) 442-1911 · P. O. BOX 5119 · HELENA, MONTANA 59601

June 16, 1978

Mr. Bob Anderson, Chief
Reporting and Evaluation Bureau
Alcohol and Drug Abuse Division
Department of Institutions
1539 - 11th Avenue
Helena, Montana 59601

JUN 19 1978
ALCOHOL & DRUG ABUSE
DIVISION

Dear Bob:

In response to your questions concerning data on alcohol and drug related hospital admissions, I must inform you that at this time neither the Montana Hospital Association nor the State Department of Health and Environmental Sciences collects data on admissions for alcohol detoxification or drug overdose.

Later this summer we will be meeting with representatives of the SDH&ES to discuss possible changes in the current survey form. At that time I will suggest that we consider including requests for alcohol and drug admission data in future annual surveys.

Sincerely,

Ken Rutledge
Director of Planning

KR:ml

Exhibit 2

2.2 DISCUSSION OF ALCOHOL DATA

Estimates of the number of alcoholics in the general population vary between the several sources of information. Dr. Morris Chafetz, former Director of the National Institute on Alcohol Abuse and Alcoholism, used the figure of five percent of the general population. This would indicate that there are some 34,720 alcoholics in Montana. He also indicates that the incidence of alcoholism among Indians varies from ten to fifty percent. The Social Research Group at George Washington University uses a figure of 8.15 percent of the general population. This would show 56,663. They do not make special reference to Indians.

In a study conducted by the Montana United Indian Association in 1976, "Alcoholism and Montana Indian People Toward an off Reservation Solution", alcoholism among Indian people is estimated to be between seventy and eighty percent of the total population.

There are seven Indian reservations within Montana as well as substantial landless and urban Indian populations in major cities. Although Indians comprise only 4.2 percent of the state population, twenty-five percent of all admissions to Montana's alcoholism treatment centers are Indian.

For planning purposes, the Division will utilize the Montana United Indian Association's figure of seventy percent estimated alcohol abusers.

All the indications of alcohol related accidents, and other indicators are showing increases; for example, the per capita consumption rate in Montana is showing an annual increase surpassed only by three other states. As a result, the percentage of alcoholics in Montana would be substantially higher than the 8.15% figure used for the general population by the Social Research Group. Because of this, the Division has projected the 8.15% figure upward to 8.5% for planning purposes. See Table 1 for estimated alcohol abusers by Region.

Alcohol Client Admission Characteristics

Primary Alcohol Clients

Table 2A indicates that eighty percent (80%) of all persons admitted with a primary problem of alcohol are men. It is apparent that women remain an underserved population, comprising only twenty percent (20%) of all treatment admissions.

Although Native Americans comprise only 4.2% of the state's population, they consistently account for twenty to thirty (20-30%) of the state's institutional population. Native Americans comprise one-fourth (25%) of admissions to statewide alcohol treatment programs.

TABLE 1.

ESTIMATED ALCOHOL ABUSERS BY REGION

REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)	POPULATION Indian	ESTIMATED ABUSERS Indian
Eastern	95,000	85,158	7,238 (8.5%)	9,842	6,889 (70%)
North Central	148,500	138,000	11,730 (8.5%)	10,500	7,350 (70%)
South Central	147,900	138,359	11,761 (8.5%)	9,541	6,679 (70%)
Southwestern	182,700	181,166	15,399 (8.5%)	1,534	1,074 (70%)
Northwestern	173,800	167,633	14,266 (8.5%)	5,967	4,177 (70%)
TOTAL	747,900	710,516	60,394	37,384	26,169

TOTAL ESTIMATED ABUSERS 86,563

Based on 1975 Montana Vital Statistics, State Department of Health & Environmental Sciences 1970 U.S. Census, Special Tribal Rolls Compilation, Urban Indian Alliances Poll

ALCOHOL ADMISSION CHARACTERISTICS

Table 2A

(September 1977 - February 1978)

Client Characteristics		Alcohol	Admissions	DWI	Admissions
		Total	(%)	Total	(%)
Total Admissions		3464	100	555	100
SEX					
	Male	711	(20)	485	(87)
	Female	2753	(80)	70	(13)
RACE					
	White	2520	(72)	600	(90)
	Black	10	(1)	2	(1)
	Native American	882	(25)	37	(6)
	Hispanic-Mexican	33	(1)	15	(2)
	Other	19	(1)	1	(1)
AGE					
	0 - 17	82	(2)	10	(2)
	18 - 20	200	(6)	86	(15)
	21 - 25	376	(11)	114	(21)
	26 - 30	440	(13)	78	(14)
	31 - 44	1092	(31)	147	(26)
	45 - 64	1143	(33)	109	(20)
	65 +	131	(4)	11	(2)
EDUCATION'					
	0 - 8 yrs.	710	(20)	59	(11)
	9 - 12	2141	(62)	365	(66)
	13 - 16	544	(16)	120	(21)
	17 +	59	(1)	7	(1)
	Unknown	10	(1)	4	(1)
MARITAL STATUS					
	Never Married	875	(25)	218	(39)
	Married	1108	(32)	222	(40)
	Separated	272	(8)	18	(3)
	Divorced	997	(29)	91	(17)
	Widowed	212	(6)	6	(1)
EMPLOYMENT					
	Employed Full Time	909	(26)	317	(57)
	Employed Part Time	158	(5)	49	(9)
	Unemployed	2397	(69)	189	(34)
AVERAGE MONTHLY INCOME					
	0 - 300	2510	(72)	232	(42)
	301 - 600	348	(10)	107	(19)
	601 - 1000	376	(11)	120	(22)
	1001 +	201	(6)	71	(13)
	Unknown	29	(1)	26	(4)

The majority of persons admitted for treatment are between forty-five and sixty-four years of age; however, admissions of clients under thirty has increased from thirty-three percent (33%) of the total admissions in 1976 to thirty-eight (38%) of the total admissions since implementation of the alcohol information system in September, 1977.

Admission information regarding marital status indicates that most persons admitted for treatment are divorced or single (69%).

The information also shows that sixty-nine percent (69%) of persons admitted for treatment are not employed. Only twenty-six percent (26%) had full-time employment at the time of admission. The average monthly income for all clients was less than three hundred dollars (\$300) per month.

DWI Clients

Montana treatment programs have admitted 555 persons to DWI court schools since September, 1977. (See Table 2A.)

The Alcohol and Drug Abuse Division (ADAD) views court schools as a possible intervention resource as well as a court diversion program.

Whereas the majority of clients admitted to alcohol programs are not employed (69%) only thirty-four percent (34%) of persons attending court schools are employed. Also, the age of court school clients tend to be younger than those persons admitted to treatment. The average age of court school clients is between thirty-one and forty-four with the next largest age grouping being between twenty-one and twenty-five.

The average monthly income reported by DWI clients is much higher than those clients admitted for alcohol treatment. Fifty-eight percent (58%) of DWI clients report an average monthly income of over three hundred dollars (\$300) per month whereas only twenty-eight percent (28%) of primary alcohol clients report an income of over \$300.

During the next fiscal year the Division will analyze the impact of court schools as an intervention resource by determining the number and socio-economic characteristics of persons admitted to DWI court schools who subsequently enter alcohol treatment programs.

Family Members

Nearly all family members admitted as clients of alcohol programs are women (84%). The age of family member admissions corresponds with the age of primary alcohol admissions with almost half of the family members admitted being between the ages of 31-64. It is significant to note that seventeen percent (17%) of family members admitted to treatment programs are under the age of seventeen. This information seems to indicate that treatment programs are impacting children of alcoholics.

Several alcohol programs in Montana stress services to family members and all programs are allowed to admit family members as clients. (See Table 2B.)

Source of Referral

The largest source of referral, as displayed in Table 3, results from program outreach efforts as indicated by the number of self referrals. The court system is also an important referral source and accounts for thirteen percent (13%) of all referrals to alcohol programs.

There is also an indication of an effective referral network between existing alcohol treatment programs throughout the state. It is reported that a significant number of people are referred between programs.

Admissions to Alcohol Treatment Programs by County of Residence

Table 4 has been included in the State Plan because all counties in Montana receive a portion of the alcohol tax monies earmarked for the purpose of alcohol treatment. Alcohol tax monies are distributed to counties by the Department of Revenue based upon liquor taxes collected within each county.

The table shows the number of persons admitted to statewide alcohol treatment programs from each county. Yellowstone County, Montana's most populated county, has the highest admission rate, followed by Cascade County and Lake County.

Reason for Discharge

Table 5 indicates that thirty-nine percent (39%) of all clients admitted to alcohol treatment programs complete treatment; and forty-five percent (45%) leave before treatment is completed.

2.3 DISCUSSION OF DRUG DATA

Client Characteristics and Drug Use Patterns

The majority of admissions (33%) to Montana's drug treatment programs are for problems resulting from the abuse of amphetamines. (See Table 6.) Table 6A indicates that women also report amphetamines as their major drug problem, (30% of all admissions) however, barbiturates and tranquilizers are reported problems for women much more often than they are reported by men. Of all women admitted in 1977, twenty-eight percent (28%) of the women indicated a primary problem of barbiturates and tranquilizers whereas only thirteen percent (13%) of the men indicate a problem with these drugs. Table 7 shows 1977 CODAP data from Montana by quarter with an average for the entire year. The treatment programs have maintained a one-third female to two-third male client ratio. Montana treatment programs, as shown in Table 7, consistently have more women in treatment than is indicated by the national average.

FAMILY MEMBER ADMISSION CHARACTERISTICS

(September 1977 - February 1978)

Client Characteristics	Family Member	Admissions
Total Admissions	602	%
SEX		
Male	94	(16)
Female	508	(84)
RACE		
White	568	(94)
Black	0	(0)
Native American	30	(5)
Hispanic Mexican	3	(1)
Other	1	(0)
AGE		
0 - 17	103	(17)
18 - 20	45	(7)
21 - 25	52	(9)
26 - 30	88	(15)
31 - 44	176	(29)
45 - 64	128	(21)
65 +	10	(2)
EDUCATION		
0 - 8	68	(11)
9 - 12	380	(63)
13 - 16	142	(24)
17 +	12	(2)
MARITAL STATUS		
Never Married	143	(24)
Married	372	(62)
Separated	23	(4)
Divorced	51	(8)
Widowed	13	(2)
EMPLOYMENT		
Employed - Full time	214	(35)
Employed - Part Time	70	(12)
Unemployed	321	(53)
AVERAGE MONTHLY INCOME		
0 - 300	399	(66)
301 - 600	100	(17)
601 - 1000	65	(11)
1000 +	18	(3)
Unknown	20	(3)

STATEWIDE ALCOHOL ADMISSIONS
 SOURCE OF REFERRAL AT ADMISSION
 (September 1977 - February 1978)

<u>Source</u>	<u>Number</u>	<u>- (Percent)</u>
Self	1001	(29)
Hospital	104	(3)
Mental Health	67	(2)
Private MD	132	(4)
Public Health Service	14	(1)
Own Program	50	(1)
AA, Al-Anon, Alateen	296	(8)
Other Alcohol Program	308	(9)
Social Services	132	(4)
Courts	445	(13)
Police, Parole, Probation	251	(7)
Attorney, Legal Aid	45	(1)
Employer	29	(1)
Church	18	(1)
School	11	(0)
Spouse, Family Member	287	(8)
Friends	199	(6)
TV, Newspapers, Ads	31	(1)
Other	38	(1)
Unknown	<u>6</u>	<u>(0)</u>
TOTAL ADMISSIONS	<u>3,464</u>	<u>(100%)</u>

ADMISSIONS TO ALCOHOL TREATMENT PROGRAMS
 BY COUNTY OF RESIDENCE
 (September 1977 - February 1978)

<u>County</u>	<u>Population*</u>	<u># Of Persons Admitted To State Alcohol Treatment Programs</u>
Beaverhead	8,187	99
Big Horn	10,057	42
Blaine	6,727	68
Broadwater	2,526	9
Carbon	7,080	11
Carter	1,956	4
Cascade	81,804	229
Choteau	6,473	28
Custer	12,174	97
Daniels	3,083	12
Dawson	11,269	61
Deer Lodge	15,652	151
Fallon	4,050	12
Fergus	12,611	56
Flathead	39,460	156
Gallatin	32,505	63
Garfield	1,796	4
Glacier	10,783	152
Golden Valley	931	2
Granite	2,737	8
Hill	17,358	58
Jefferson	5,238	9
Judith Basin	2,667	6
Lake	14,445	224
Lewis & Clark	33,281	182
Liberty	2,359	6
Lincoln	18,063	113
Madison	5,014	6
McCone	2,875	2

<u>County</u>	<u>Population*</u>	<u># Of Persons Admitted To State Alcohol Treatment Programs</u>
Meagher	2,122	9
Mineral	2,958	5
Missoula	58,263	205
Musselshell	3,734	15
Park	11,197	93
Petroleum	675	1
Phillips	5,386	18
Pondera	6,611	31
Powder River	2,862	7
Powell	6,660	58
Prairie	1,752	0
Ravalli	14,409	28
Richland	9,387	32
Roosevelt	10,365	108
Rosebud	6,032	152
Sanders	7,093	43
Sheridan	5,779	8
Silver Bow	41,981	179
Stillwater	4,632	6
Sweet Grass	2,980	5
Teton	6,116	21
Toole	5,839	69
Treasure	1,069	5
Valley	11,471	44
Wheatland	2,529	8
Wibaux	1,465	3
Yellowstone	<u>87,367</u>	324
Out-of-State		<u>117</u>
TOTALS:	<u>694,409</u>	<u>3,464</u>

* Source: U.S. Department of Commerce, Bureau of the Census, "1970 Census of Population, Montana".

REASON FOR DISCHARGE
ALCOHOL CLIENTS & FAMILY CLIENTS
(September 1977 - February 1977)

<u>Reason for Discharge</u>	<u>Alcohol Clients</u>	<u>Family Clients</u>	<u>Total</u>	<u>Percent</u>
1. Left Before Treatment Completed	1186	139	1325	(45)
2. Inaccessible, Moved	211	11	222	(7)
3. Deceased	13	0	13	(1)
4. Treatment Completed	1011	140	1151	(39)
5. Program Can't Provide Required Services	<u>219</u>	<u>13</u>	<u>232</u>	<u>(8)</u>
TOTAL DISCHARGED	2640	303	2943	(100)

TYPE OF PRIMARY DRUG USED BY ALL ADMISSIONS
TO STATEWIDE DRUG PROGRAMS
(1977 CODAP DATA)

Table 6

PRIMARY DRUG	STATEWIDE N	STATEWIDE %	SMDP Helena	SMDP Butte	SMDP Anaconda	SMDP Missoula	SMDP Bozeman	Lighthouse Galen	Rimrock Billings	Morning Star	SWAN RIVER	Pine Hills Miles City	Montana State Prison
None	4	1	0	0	0	0	0	0	0	4	0	0	0
Opiates	70	12	4	21	8	17	5	4	8	0	0	0	3
Alcohol	60	11	0	0	0	0	0	0	0	15	13	18	14
Barbituates	72	13	8	17	16	7	11	3	8	0	1	0	1
Amphetamines	189	33	13	58	14	16	31	16	28	1	3	2	7
Cocaine	20	3	0	3	1	5	4	2	3	0	0	1	1
Marijuana	62	11	4	12	12	6	9	3	12	1	1	2	0
Hallucinogens	37	6	4	6	7	7	4	1	2	0	1	2	3
Inhalents	20	3	5	9	2	2	0	0	0	2	0	0	0
Over the Counter	5	1	0	1	0	1	3	0	0	0	0	0	0
Tranquilizers	31	5	2	13	4	4	0	2	5	0	0	1	0
Other	3	1	1	0	0	0	2	0	0	0	0	0	0
TOTAL	573	(100%)	41	140	64	65	69	31	66	23	19	26	29
% of TOTAL			(7%)	(24%)	(11%)	(11%)	(12%)	(6%)	(12%)	(4%)	(3%)	(5%)	(5%)

Table 6

Table 6A

TYPE OF PRIMARY DRUGS USED AT ADMISSION
BY SEX AND RACE
(1977 CODAP DATA)

PRIMARY DRUG	TOTAL N	%	MALE	FEMALE	WHITE	BLACK	AMERICAN INDIAN	HISPANIC-- MEXICAN	OTHER
None	4	(1)	2	2	0	0	4	0	0
Opiates	70	(12)	47	23	62	1	5	1	1
Alcohol	60	(11)	55	5	35	0	22	3	0
Barbituates	65	(11)	40	32	63	2	6	1	0
Amphetamines	154	(27)	136	53	166	2	16	1	4
Cocaine	65	(11)	15	5	18	0	2	0	0
Marijuana	59	(10)	46	16	57	0	4	1	0
Hallucinogens	37	(7)	26	11	35	0	2	0	0
Inhalents	20	(3)	12	8	14	0	6	0	0
Over the Counter	5	(1)	2	3	4	0	1	0	0
Tranquilizers	31	(5)	13	18	29	0	2	0	0
Other	3	(1)	0	3	2	0	1	0	0
TOTAL	573	(100%)	394	179	485	5	71	7	5
% OF TOTAL			(69%)	(31%)	(85%)	(1%)	(12%)	(1%)	(1%)

TYPE OF PRIMARY DRUG USED AT ADMISSION
BY AGE
(1977 CODAP DATA)

TYPE OF DRUG	N	%	AGE AT ADMISSION						
			0 - 17	18 - 20	21 - 25	26 - 30	31 - 44	45 - 64	65 +
None	4	(1)	4	0	0	0	0	0	0
Opiates	70	(12)	2	9	23	23	9	4	0
Alcohol	60	(11)	19	13	11	3	9	5	0
Barbituates	65	(11)	16	15	18	9	12	1	1
Amphetamines	154	(27)	41	48	53	33	10	4	0
Cocaine	65	(11)	2	8	8	2	0	0	0
Marijuana	59	(10)	32	14	11	4	1	0	0
Hallucinogens	37	(7)	10	13	11	2	1	0	0
Inhalents	20	(3)	13	4	1	1	1	0	0
Over the Counter	5	(1)	3	1	1	0	0	0	0
Tranquilizers	31	(5)	3	1	5	5	13	4	0
Other	3	(1)	1	0	0	0	2	0	0
TOTAL	573	(100%)	146	126	142	82	58	18	1
% of TOTAL			(25%)	(22%)	(25%)	(14%)	(10%)	(3%)	(1%)

Table 6B

TABLE 6C

REASON FOR DISCHARGE
1977 CODAP Data

<u>Reason For Discharge</u>	<u>Total</u>	<u>Percent</u>
Completed - No Drug Use	171	30.3%
Completed - Some Use	89	15.8
Transfer - In Progress	22	3.9
Outside Referral	19	3.4
Non Compliance	75	13.3
Left Before Treatment Completed	176	31.2
Incarcerated	12	2.1
TOTAL:	565	100.0%

SEX - AGE - RACE - EDUCATIONAL CHARACTERISTICS
of CLIENTS ADMITTED TO TREATMENT
(1977 CODAP DATA)

Table 7

CLIENT CHARACTERISTICS	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	MONTANA AVERAGE
TOTAL CLIENTS	130	136	103	204	573
SEX Male Female	66 % 34	57 % 43	69 % 31	78 % 22	69 % 31
AGE - 18 18 - 20 21 - 25 26 - 30 + 30	26 24 15 15 20 130	34 15 21 15 15 136	16 23 21 28 12 103	25 25 22 19 9 204	25 22 20 19 14
RACE White Black American Indian Alaskan Native Asian Hispanic-Mexican Other Hispanic	80 1 16 0 1 1 1	82 1 15 1 0 0 0	89 1 9 0 0 1 0	86 1 9 1 0 2 1	85 1 12 .5 0 1 .5
EDUCATION IN YEARS 0 - 8 9 - 11 12 + 12	14 41 28 17	20 40 26 14	7 40 35 18	21 37 28 14	16 39 29 16

Table 6A also indicates that Native Americans make up approximately 12% of total treatment population. Alcohol continues to be the primary drug of abuse among Native Americans (31% of all admissions), followed by amphetamine abuse at 23%. There is a higher incidence of solvent abuse reported by Native Americans (8%) as compared with three percent (3%) of other admissions. Solvent abuse was recognized as a growing problem among Montana's youth, low income and Native American populations. Solvents are inexpensive and are often used by these populations when more expensive drugs are not available or affordable.

Table 6B, which indicates primary drug of abuse by age, also depicts a higher incidence of reported amphetamine abuse among Montana's youth. It is noted that 25% of all admissions to drug treatment centers in 1977 were persons under the age of seventeen and nearly half (47%) were under the age of twenty. (See Table 7.) Juvenile crime and arrest data shows that twenty-three percent (23%) of persons under the age of seventeen arrested for felonies were arrested on drug charges.

Fifty-five percent of clients entering treatment programs have not completed twelve years of school. The large number of persons under the age of seventeen (25%) account, in part, for the low education. However, it is apparent that many clients dropped out of high school and are in need of skill development and educational programs. As part of the treatment plan for drug clients, counselors assist the client in exploring further vocational and educational opportunities.

Discharge Data

Table 6C depicts reasons for discharge by primary drug type for 1977. Nearly one-third of all clients admitted to Montana drug treatment programs complete treatment with no drug use at time of discharge. An additional 15% complete the treatment program with some drug use at discharge.

Montana has consistently reported a higher percentage of clients completing treatment than is indicated by the national average (approximately 25%).

Multiple Drug Use Patterns

It has become apparent that Montana has a substantial polydrug abuse problem. Table 8 displays multiple drug problems by drug categories. Of a total of 573 admissions in 1977, 87% indicated a secondary drug problem and 59% indicated a third drug problem. Alcohol remains a major drug of abuse in multi-drug problems and is most frequently coupled with tranquilizers, barbiturates and marijuana. Those persons indicating a primary problem of amphetamines tend to also have problems with marijuana and alcohol.

Source of Referrals

Table 9 displays sources of referral of drug clients at admission. The majority of referrals (49%) are a result of outreach efforts. Drug treatment programs are effectively reaching populations through their outreach efforts.

PATTERNS OF MULTIPLE DRUG USE 1977 CODAP DATA

Primary Drug	Total No. of Admissions	% Indicating Single Drug Problem Only	SECONDARY & TERTIARY DRUG PROBLEMS												% Indicating Multiple Drug Problem		
			Heroin	Non-Rx Methadone	Opiates & Synthetics	Alcohol	Barbituates	Sedatives/Hypnotics	Amphetamines	Cocaine	Marijuana/Hashish	Hallucinogens	Inhalents	Over-the-Counter		Tranquilizers	
																	(Columns in Percent)
None	4																
Heroin	23	13.2	0	8.7	26.1	17.4	13	4.3	8.7	0	4.3	0	0	0	4.3	0	86.8
Non-Rx Methadone	1	0	0	0	0	0	100	0	0	0	0	0	0	0	0	0	100.
Opiates & Synthetics	46	17.4	6.5	0	0	15.2	13	4.3	19.6	0	10.9	2.2	0	2.2	8.7	0	82.6
Alcohol	60	40	3.3	0	0	0	1.7	0	10.0	1.7	31.7	8.3	3.3	0	0	0	60.
Barbituates	54	3.6	7.4	0	3.7	31.5	0	5.6	25.9	0	13.	1.9	0	0	7.4	0	96.4
Sedatives/Hypnotics	18	16.6	0	0	5.6	11.1	16.7	0	16.7	0	22.2	0	0	0	11.1	0	83.4
Amphetamines	189	6.5	.5	0	5.8	21.7	9.5	2.6	0	3.2	28.6	14.8	2.1	2.6	2.1	0	93.5
Cocaine	20	0	0	0	5.0	15.0	5.	5.0	25.	0	25.	20.	0	0	0	0	100.
Marijuana/Hash	62	16.3	1.6	0	0	41.9	3.2	0	16.1	1.6	0	12.9	3.2	0	3.2	0	83.7
Hallucinogens	37	2.8	0	0	2.7	10.8	10.8	0	35.1	8.1	24.3	0	0	2.7	2.7	0	97.2
Inhalents	20	25.0	0	0	0	30.0	5.0	0	5.0	0	20.	10.0	0	0	5.0	0	75.
Over-the-Counter	5	0	0	0	0	20.0	0	0	0	0	80.	0	0	0	0	0	100.
Tranquilizers	31	16.1	0	0	3.2	41.9	3.2	9.7	6.5	0	12.9	0	0	6.5	0	0	83.9
Other	3	0	0	0	0	33.3	0	0	0	0	33.3	0	0	0	33.3	0	100

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Table 8

Table 8

STATEWIDE DRUG ADMISSIONS
SOURCE OF REFERRAL AT ADMISSION
(1977 CODAP DATA)

<u>Source</u>	<u>Number</u>	<u>(Percent)</u>
Self	281	(49)
General Hosptial	12	(2)
Mental Hospital	5	(1)
Community Mental Health Center	8	(1)
Social Service Agency	42	(7)
Private Physician	16	(3)
Other Program	21	(4)
Family	28	(5)
Friends	42	(7)
Employer	6	(1)
School	4	(1)
Probation	51	(9)
Parole	17	(3)
Police	3	(1)
Other	<u>37</u>	<u>(6)</u>
TOTAL:	573	(100%)

Probation and social service agencies continue to be an important referral source as do friends.

Primary Drug of Abuse Trends

The drug most widely used by clients admitted to statewide drug programs continues to be amphetamines followed by barbiturates. According to data displayed in the incidence Table 10A, and the trend

Tables 10B thru 10E, admissions for amphetamines will continue to increase during the next two years, although analysis of the data in Table 10A indicates a declining incidence of amphetamine abuse.

The declining incidence of drug use is also supported by crime and arrest statistics detailed in Table 14. The Montana Board of Crime Control reports nearly a twelve percent (12%) decline in drug offenses from 1976 to 1977.

Table 10E trend analysis for first admissions projects a substantial increase of first admissions which suggests an increasing incidence of persons seeking drug abuse treatment services. Indications based upon information in Table 10D show that admissions increased 26% from 1976 to 1977 and projects a 34% increase from 1977 to 1978 with a 19% increase projected from 1978 to 1979.

Table 10F shows admission trends by drug type from 1975. Admissions by drug type have not changed significantly since 1975. Admissions for marijuana abuse increased slightly from 1976 (4%) to 1977 (11%). Amphetamine admissions have consistently accounted for 30% to 35% of all admissions to Montana treatment programs.

The NIDA slot utilization decreased in 1977 due mainly to the initiation of drug services in Billings through the statewide services contract. However, utilization increased during the last three months of 1977 as the Billings drug program, Rimrock Guidance Foundation, established a caseload.

Montana drug programs will continue to provide service to clients with emphasis on treatment of amphetamine, barbiturate and polydrug abuse.

Estimate of High Risk Population

The Synthetic Estimate Chart, Table 11, utilizes the most recent population statistics and admissions to drug treatment programs in a thirteen (13) county area to project total state treatment population for the high risk age group (15-24) utilizing CODAP admission data to the Southwestern Montana Drug Program (SMDP). SMDP covers a thirteen (13) county area (Region IV and Missoula County in Region V). Population statistics of 15-24 year olds was gathered from the same 13 county area.

A percentage was computed (admission/population) and this rate was applied to the remaining state population to project total state treatment needs for the high risk age group (15-24). Based upon these projections, the estimated high risk population (15-24) is approximately 731 persons. It is projected that thirty-seven percent (37%) of the high risk population abuses amphetamines.

TABLE 10A

Incidence of Amphetamine Abuse Utilizing
CODAP Year of Admission, by Year of First Use

<u>Year of Admission</u>	<u>Year of First Use</u>						Total
	1979	1978	1977	1976	1975	1974	
1976				10.	16.	35.	117.
1977			7.	13.	23.	19.	133.
Estimated 1978		5.	9.	19.	12.	24.	159.
Estimated 1979	3.	6.	13.	10.	16.	31.	194.
Estimated Corrected Incidence	22.	32.	45.	65.	80.	121.	727.
Estimated Lag Fractions			0.15	0.20	0.29	0.16	1.00

The rate of change in program intake between:

1977 - 1976 = 14%

1978 - 1977 = 20%

1979 - 1978 = 22%

The above incidence analysis of amphetamines shows a declining incidence although a continued increase in admissions for the next couple of years (1978 - 20% and 1977 - 22%).

It should be noted that the above analytical technique was developed for opiate admissions and has not been proven for use with amphetamine admissions.

TABLE 10B

Trend Analysis
Time Series
Amphetamine Admissions - All

Actual Admissions 1976-1977, Amphetamine Only - All

	<u>M o n t h</u>												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
<u>Year</u>													
1976	22	11	12	19	10	13	14	13	8	13	9	7	151
1977	12	19	21	20	10	15	3	17	12	20	14	17	180

Estimates 1978-1979, Amphetamine - All

<u>Month</u>	<u>Trend</u>		<u>Seasonal</u> 1978-79	<u>Trend -</u> <u>Seasonal</u>		<u>Regression</u>	
	1978	1979		1978	1979	1978	1979
1	19	23	0.903	17	21	14	15
2	19	24	1.462	28	34	14	15
3	20	24	1.574	31	38	14	15
4	20	24	1.448	29	35	14	15
5	20	25	0.698	14	17	15	15
6	21	25	1.002	21	25	15	15
7	21	25	1.121	24	28	15	15
8	22	26	1.049	23	27	15	15
9	22	26	0.610	13	16	15	15
10	22	26	0.959	21	25	15	15
11	23	27	0.662	15	18	15	15
12	23	27	0.512	12	14	15	15
Total	252	302	12.000	249	299	175	15

1976 - 151

1977 - 180
 1978 - 249
 1979 - 299

> - 38% increase (projected)

> - 20% increase (projected)

TABLE 10C

Trend Analysis
Time Series
Amphetamine - First Admissions Only

Actual Admissions 1976-1977, Amphetamine - First Admissions Only

<u>Year</u>	<u>M o n t h</u>												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
1976	19	10	11	18	8	10	6	9	5	10	5	6	117
1977	9	13	19	18	8	11	3	11	9	13	11	11	136

Estimates 1978-1979, Amphetamine - First Admissions Only

<u>Month</u>	<u>Trend</u>		<u>Seasonal</u>	<u>Trend - Seasonal</u>		<u>Regression</u>	
	<u>1978</u>	<u>1979</u>	<u>1978-79</u>	<u>1978</u>	<u>1979</u>	<u>1978</u>	<u>1979</u>
1	14	16	0.924	13	15	10	9
2	14	16	1.340	19	22	10	9
3	14	16	1.910	27	31	10	9
4	14	17	1.758	25	29	10	9
5	14	17	0.754	11	13	10	9
6	15	17	0.994	15	17	10	9
7	15	17	0.646	10	11	10	9
8	15	17	1.001	15	17	10	9
9	15	18	0.529	8	9	10	9
10	15	18	1.022	16	18	9	9
11	16	18	0.511	8	9	9	9
12	16	18	0.611	10	11	9	9
Total	177	206	12.000	175	204	116	108

1976 - 117

1977 - 136 > - 27% increase (projected)

1978 - 175 > - 17% increase (projected)

1979 - 204

TABLE 10D

Trend Analysis
Time Series
All Admissions

Actual Admissions 1976-1977 - All

	<u>M o n t h</u>												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
<u>Year</u>													
1976	53	31	39	41	31	23	65	30	25	48	28	27	441
1977	28	60	40	50	26	59	15	41	37	103	45	51	555

Estimates 1978-1979, All Admissions

Month	<u>Trend</u>		<u>Seasonal</u>	<u>Trend - Seasonal</u>		<u>Regression</u>	
	1978	1979	1978-79	1978	1979	1978	1979
1	57	69	0.694	40	48	50	58
2	58	70	1.554	90	108	51	59
3	59	70	1.009	59	71	51	60
4	60	71	1.175	70	84	52	60
5	61	72	0.569	35	41	53	61
6	62	73	1.242	77	91	53	62
7	63	74	1.734	109	129	54	62
8	64	75	0.797	51	60	55	63
9	65	76	0.641	41	49	56	64
10	66	77	1.218	80	94	56	64
11	67	78	0.707	47	55	57	65
12	68	79	0.660	45	52	58	66
Total	747	887	12.000	743	883	646	744

1976 - 441

1977 - 555

> - 34% increase (projected)

1978 - 743

> - 19% increase (projected)

1979 - 883

TABLE 10E

Trend Analysis
Time Series
First Admissions

<u>Actual Admissions 1976-1977, First Admissions</u>													
<u>Year</u>	<u>M o n t h</u>												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
1976	47	19	23	30	22	17	53	17	19	29	20	15	311
1977	24	49	37	46	21	49	14	29	30	84	40	43	466

<u>Estimates 1978-1979, First Admissions</u>							
<u>Month</u>	<u>Trend</u>		<u>Seasonal</u>	<u>Trend- Seasonal</u>		<u>Regression</u>	
	<u>1978</u>	<u>1979</u>	<u>1978-79</u>	<u>1978</u>	<u>1979</u>	<u>1978</u>	<u>1979</u>
1	57	77	0.754	43	58	43	53
2	59	78	1.599	94	125	43	53
3	60	80	1.169	71	93	44	54
4	62	81	1.330	83	108	45	55
5	64	83	0.554	35	46	46	56
6	65	85	1.224	80	104	47	57
7	67	86	1.998	134	172	48	57
8	68	88	0.633	43	56	48	58
9	70	89	0.660	46	59	49	59
10	72	91	0.963	69	88	50	60
11	73	93	0.650	48	60	51	61
12	75	94	0.467	35	44	52	62
Total	793	1024	12.000	780	1012	566	684

1976 - 311

1977 - 466

> -67% increase (projected)

1978 - 780

> -30% increase (projected)

1979 - 1012

Admission Trends
1975-1976-1977

Drug Type at Admission

<u>Drug Type</u>	<u>1975</u> N=379	<u>1976</u> N=441	<u>1977</u> N=555
Opiates	12%	10%	12%
Alcohol	2%	21%*	10%*
Barbiturates (Other Sedatives)	22%	19%	18%
Amphetamines	30%	35%	33%
Marijuana	14%	4%	11%
Other	20%	11%	16%

*Alcohol Admissions were all located at Morningstar (Indian Demonstration Grant).

% Slot Utilization of NIDA Matrix Programs

	<u>Jan.</u>	<u>Feb.</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Total Average</u>
1975	110	109	113	103	72	76	79	96	92	94	97	92	94
1976	100	99	100	99	95	94	93	94	96	93	87	85	94
1977	80	82	78	89	80	82	83	85	83	96	89	92	85

SYNTHETIC ESTIMATE UT 2ING CODAP ADMISSIONS
AND POPULATION IN REGION IV
Controlled for Age Group 15-24 (high risk)
by Sex and Drug Type

Table 11

DRUG TYPE	SEX	KNOWN		ESTIMATED		
		Region IV Population (15-24)		Regions I, II, III, V (15-24)		Total State
		Males Females TOTAL	22,708 21,879 44,587	Males Females TOTAL	38,333 38,948 77,281	Males Females TOTAL
		CODAP Admissions	Ratio adm pop =	Estimated Population Needing Treatment		Estimated Population Needing Treatment
OPIATES	Male Female TOTAL	15 8 23	.00066 .00037 .00052	25 15 40		40 23 63
BARBITURATES	Male Female TOTAL	24 12 36	.0011 .00055 .00081	42 21 63		66 33 99
AMPHETAMINES	Male Female TOTAL	68 32 100	.0030 .0015 .0022	114 58 172		182 90 272
COCAINE	Male Female TOTAL	11 3 14	.00049 .00014 .00031	18 5 23		29 8 37
MARIJUANA	Male Female TOTAL	29 9 38	.0013 .00041 .00085	50 16 66		79 25 104
HALLUCINOGENS	Male Female TOTAL	19 7 26	.00084 .00032 .00058	32 13 45		51 20 71
INHALENTS	Male Female TOTAL	9 6 15	.00040 .00028 .00034	15 11 26		24 17 41
OTHER	Male Female TOTAL	7 9 16	.00031 .00041 .00036	12 16 28		19 25 44
TOTAL	Male Female TOTAL	182 86 268	.0080 .0039 .0060	308 155 463		490 241 731

Table 11

2.4 DISCUSSION OF CRIME AND ARREST DATA

Crime Control Report - "Drugs in Montana, 1976"

The report, "Drugs in Montana, 1976", prepared by the Montana Board of Crime Control, is the most recent analysis of crime and arrest data pertaining to drugs and is included in this plan as an indicator of drug activity within the state.

Arrest data from 1977 has not yet been analyzed by the Montana Board of Crime Control but will be made available to the ADAD for planning purposes as soon as the report is completed.

DRUGS IN MONTANA

1976

A

Report by

Bill Erwin

**Criminal Justice
Data Center**

Widespread concern of illegal drug use is not unique to Montana. Within the past ten years, drug activity has reached the smallest rural communities in the state.

Since 1971, the Criminal Justice Data Center has been gathering information on drug arrests; and beginning in 1973, information has been collected on drug offenses.

For the purposes of this study, the most valid indicator of drug activity is the number of drug arrests. This is because drug activity, like alcohol related crimes, is an "immediate situation" in which the offense usually does not become a crime until the offender is arrested. However, it is nevertheless important to investigate the area of drug offenses in which an offense occurs every five hours at a rate of 226.0 per 100,000 persons.

In this report, both drug offenses and drug arrests have been placed in the categories of opiates, marijuana, dangerous drugs and other drugs. Opiates consist of opium and cocaine and their derivatives including morphine, heroin and codeine; marijuana consists of marijuana and its derivative of hashish; dangerous drugs consist of manufactured drugs such as LSD, demerol and methadone; other drugs include dangerous non-narcotic drugs such as barbiturates, benzedrine, methadrine and amphetamines.

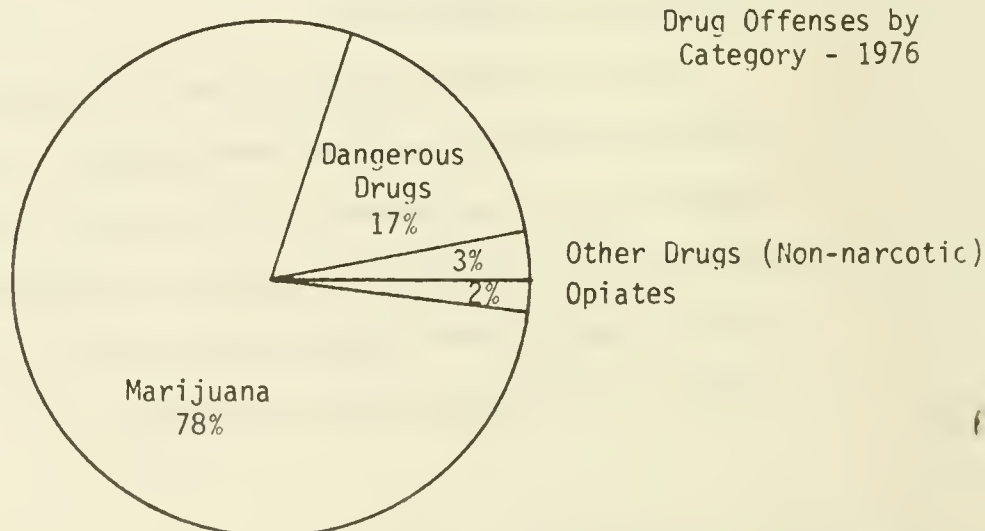
During 1976 there were 1,702 narcotic drugs law violations reported by Montana law enforcement agencies. Out of the total reported, 1,456 drug offenses were cleared by arrest or exceptional means and of this total 25.7 percent of the offenses cleared were by the arrest of persons under 18 years of age. Table I shows an analysis of 1976 drug offenses by category.

Table I
Drug Offenses

Category	Actual Offenses	% of Total	Cleared by Arrest	% of Total	Cleared by Arrest Under 18	% of Total
Opiates	29	.02	24	.02	4	.01
Marijuana	1328	.78	1130	.77	399	.91
Dangerous Drugs	297	.17	264	.18	32	.07
Other Drugs	48	.03	38	.03	2	.01
Total	1702	100	1456	100	437	100

In 1976, 1,456 offenses were cleared by arrest for a clearance rate of 85.5 percent. This rate is considerably above the statewide clearance rate of 28.5 percent for all other major felonies and high misdemeanor offenses, indicating that drugs are, in fact, an "immediate" crime. Furthermore, several areas in Montana have trained law enforcement teams which specialize in drug investigation and are highly successful in their efforts.

Historically it was commonly assumed that marijuana was the largest drug violation category in Montana. This summary tabulates the extent of the four drug categories to provide a total drug offense picture. Opiates account for 2 percent of all drug offenses, marijuana 78 percent, dangerous drugs 17 percent and other drug offenses 3 percent. This is shown in Illustration I.



DRUG ARRESTS

Drug arrests for 1976 are summarized in ten arrest categories, which include providing/selling, possession and drugs-unknown level. Table II shows the juvenile/adult drug arrest comparison.

Table II
Adult and Juvenile Drug Arrests

Category	Juvenile	% of Total	Adult	% of Total	Total	% of Total
Dangerous Drug--Unknown Level	57	10.9	294	22.8	351	19.4
Selling Opiates	0	0	9	.7	9	.5
Selling Synthetics	2	.4	9	.7	11	.6
Selling Non-Narcotics	0	0	11	.9	11	.6
Selling Marijuana	10	1.9	151	11.7	161	8.9
Possession Opiates	2	.4	14	1.1	16	.9
Possession Synthetics	1	.2	34	2.6	35	1.9
Possession Non-Narcotics	0	0	12	.9	12	.7
Possession Marijuana--Felony	38	7.3	200	15.5	238	13.1
Possession Marijuana--Misd.	412	78.9	556	43.1	968	53.4
Total	522	100.0	1290	100.0	1812	100.0
Percent of Total		28.8		71.2		

The arrest tabulation in Table II reveals similar comparisons to the offenses tabulation in Table I. Marijuana arrests account for 78 percent of all drug arrests, while marijuana offenses account for 75.4 percent of all drug offenses. Illustration II shows the extent of marijuana drug violation charges in relation to other types

of drug arrests. Providing/selling and possession drug arrests have been grouped together to show their extent according to the type of drug included in each category. Possession of drugs accounts for 70 percent of all drug arrests, while providing/selling involves 10.6 percent of all drug arrests. The arrest category of dangerous drug-unknown level accounts for 19.4 percent and consists of drug arrests which were not classified by the arresting agency.

The arrest profile reveals that marijuana is the predominant drug violation charge, accounting for 75.4 percent of all drug arrests. This is shown in Illustration II below.

Drug Arrests by Category
1976

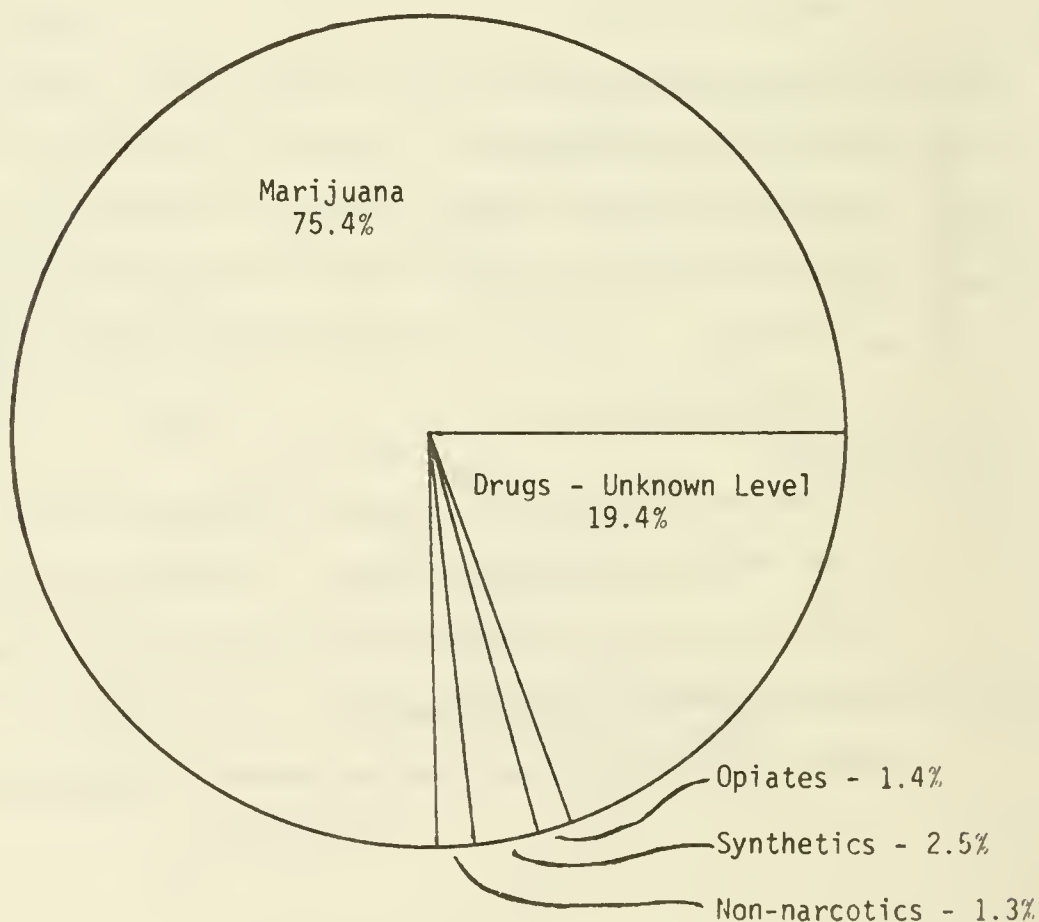


Illustration III shows the drug arrest trend from 1971 through 1976. Drug arrests have steadily increased over the last six years. Juvenile arrests account for 28.8 percent of the total drug arrests for 1976.

Drug Arrests

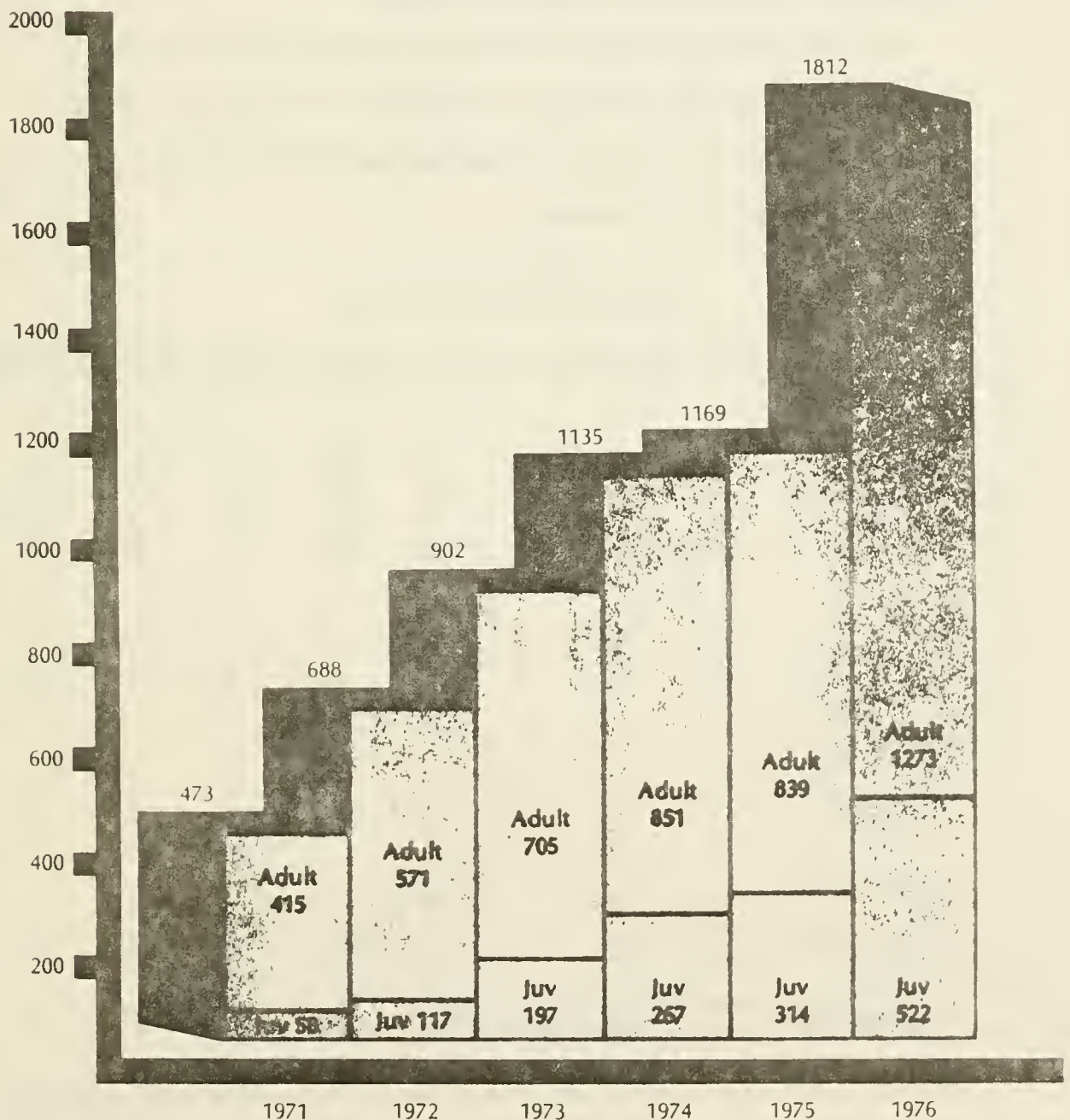


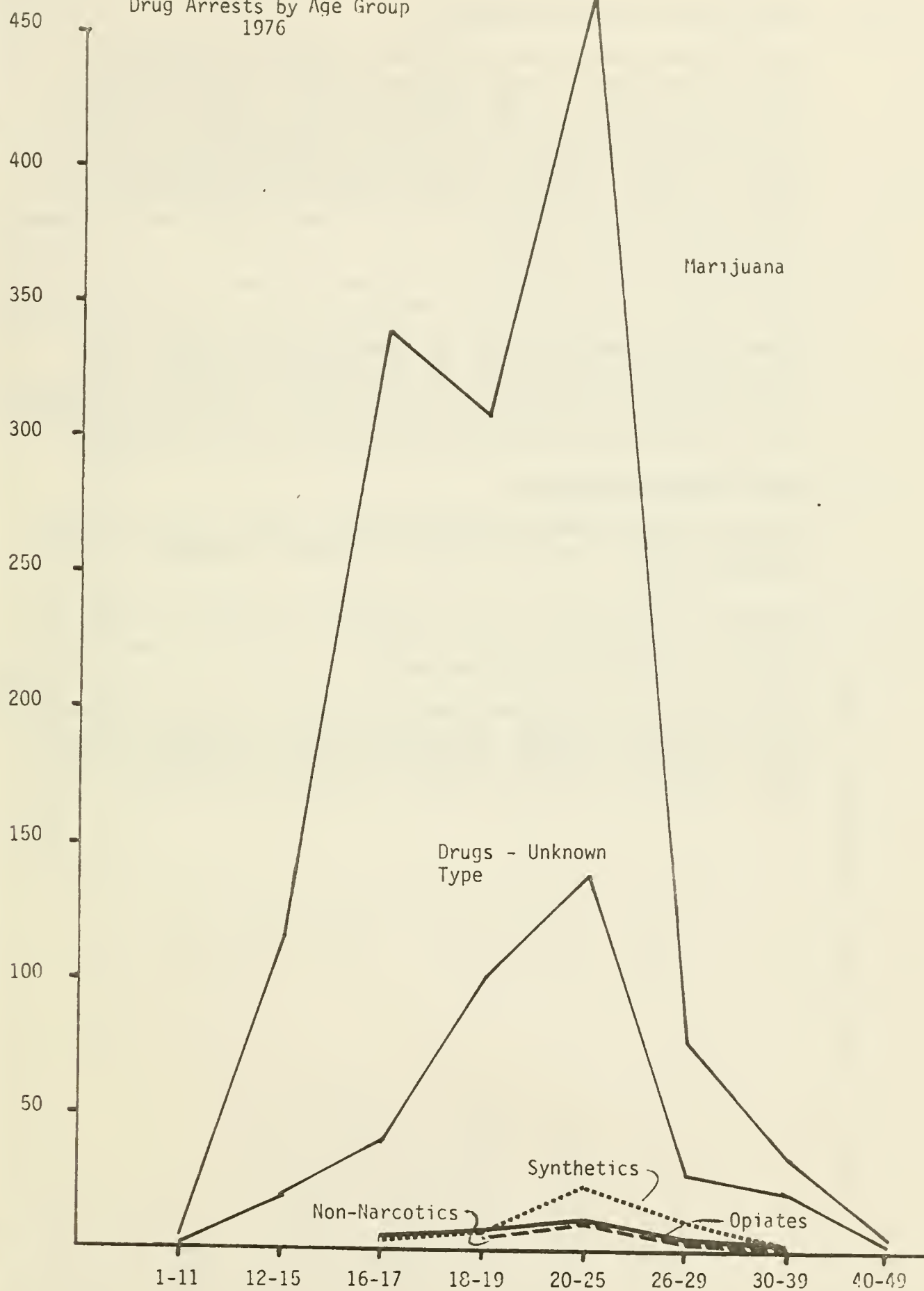
Table III and Illustration IV compare drug arrests by age group. Note that activity in the categories of opiates and synthetics starts in the 16-17 age group, peaks out in the 20-25 age group and ends with the 30-39 age group. This trend is also characteristic of non-narcotics; however, no arrests occur earlier than the 18-19 age group. Marijuana arrests start at age group 1-11, peak out at the 20-25 age group, drop considerably during the 26-29 age group and level out and end with the 40-49 age group. The 20-25 age group dominates all drug arrests in every category.

The reason for the drastic decline in drug arrests for the 26-29 age group has not yet been systematically evaluated, but it appears likely to be related to disenchantment with the drug scene and fear of being arrested.

Table III
Drug Arrests by Age Group

	1-11	12-15	16-17	18-19	20-25	26-29	30-39	40-49
Marijuana								
Possession								
Felony	0	8	30	55	119	17	8	0
Misdemeanor	5	109	298	227	261	33	21	4
Selling	0	0	10	26	87	27	7	2
Subtotal	5	117	338	308	467	77	36	6
Opiates								
Sell	0	0	0	4	2	2	0	0
Possession	0	0	2	2	8	3	1	0
Subtotal	0	0	2	6	10	5	1	0
Synthetics								
Sell	0	0	2	1	5	3	0	0
Possession	0	0	1	5	19	8	2	0
Subtotal	0	0	3	6	24	11	2	0
Non-Narcotics								
Sell	0	0	0	2	5	3	0	0
Possession	0	0	0	3	6	2	1	0
Subtotal	0	0	0	5	11	5	1	0
Drugs Unknown	2	14	41	102	138	28	18	4
Total	7	131	384	427	650	126	58	10

Drug Arrests by Age Group
1976



Alcohol and Drug Related Offenses

Table 12 shows that arrests for public intoxication continues to be made in Montana counties (exclusive of Indian reservations) for adults and juveniles. It also shows that while arrests for "drunk" have declined since enactment of Montana's Uniform Intoxication Act in 1975, there has been an increase over previous years in "riotous conduct" arrests. This information suggests the use of substitute charges as did the interviews conducted in the study prepared for the Alcohol and Drug Abuse Division entitled "The Alcoholic Law Enforcement and the Uniform Act in Montana."

Drug offenses have decreased since 1976 and according to projections made in Tables 10A thru 10E will continue to drop as incidence declines.

A substantial number of arrests are made on most reservations for public intoxication (see Table 13). Two of Montana's reservations, Crow and Northern Cheyenne, tribal law prohibits possession and drinking of alcoholic beverages. For the past two years Rocky Boy reservation is the only reservation not making arrests for public intoxication.

Crime Incidence Comparison

Comparison of the number of crimes reported in 1977 to those reported in 1975 provides a measure of the fluctuations in criminal activity. (See Table 14.)

The index crimes reported in 1977 decreased by one percent (1.0%). The total of 31,900 index crimes reported in 1977 is 237 less than the 32,137 reported the previous year.

Drug offenses decreased significantly in 1977. There were a reported 1,702 drug offenses in 1976 and 1,499 in 1977, a decrease of 203 or 11.9%. The crime incidence comparison supports the declining incidence of amphetamine abuse projected in Tables 10A thru 10E.

TABLE 12

STATE OF MONTANA COUNTIES ONLY*

Total Arrests, by Year, of Most Common Alcohol & Drug Related Offenses

<u>OFFENSE</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
Misdemeanor Assault	540	454	338	406	402
Felony Drugs	885	1121	1157	1632	1446
Driving - Intoxicated	3086	2892	2006	3268	2941
Reckless Driving	531	646	630	685	617
Riotous Conduct	1472	1749	2348	2261	2388
Disturbing the Peace	1335	1082	1250	1577	1136
Drunk	5537	3900	1710	569	311
Alcohol Possession	1840	1347	1459	1690	1333
TOTAL:	15,226	13,191	11,898	12,088	10,574

*Source: Criminal Statistics Bureau, Department of Justice.

TABLE 13

STATE OF MONTANA RESERVATIONS ONLY**

Total Arrests, by Year, of Most Common Alcohol & Drug Related Offenses

<u>OFFENSE</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977*</u>
Misdemeanor Assault	199	161	180	186	45*
Felony Drugs	11	11	12	96	35*
Driving - Intoxicated	412	349	319	654	141*
Reckless Driving	110	148	160	180	174*
Riotous Conduct	1584	1229	1036	671	415*
Disturbing the Peace	51	202	276	254	3*
Drunk	4569	4435	4884	6396	3311*
Alcohol Possession	555	571	780	768	196*
TOTAL:	7491	7106	7647	9205	4320*

*Blackfeet and Fort Peck Reservations did not report in 1977.

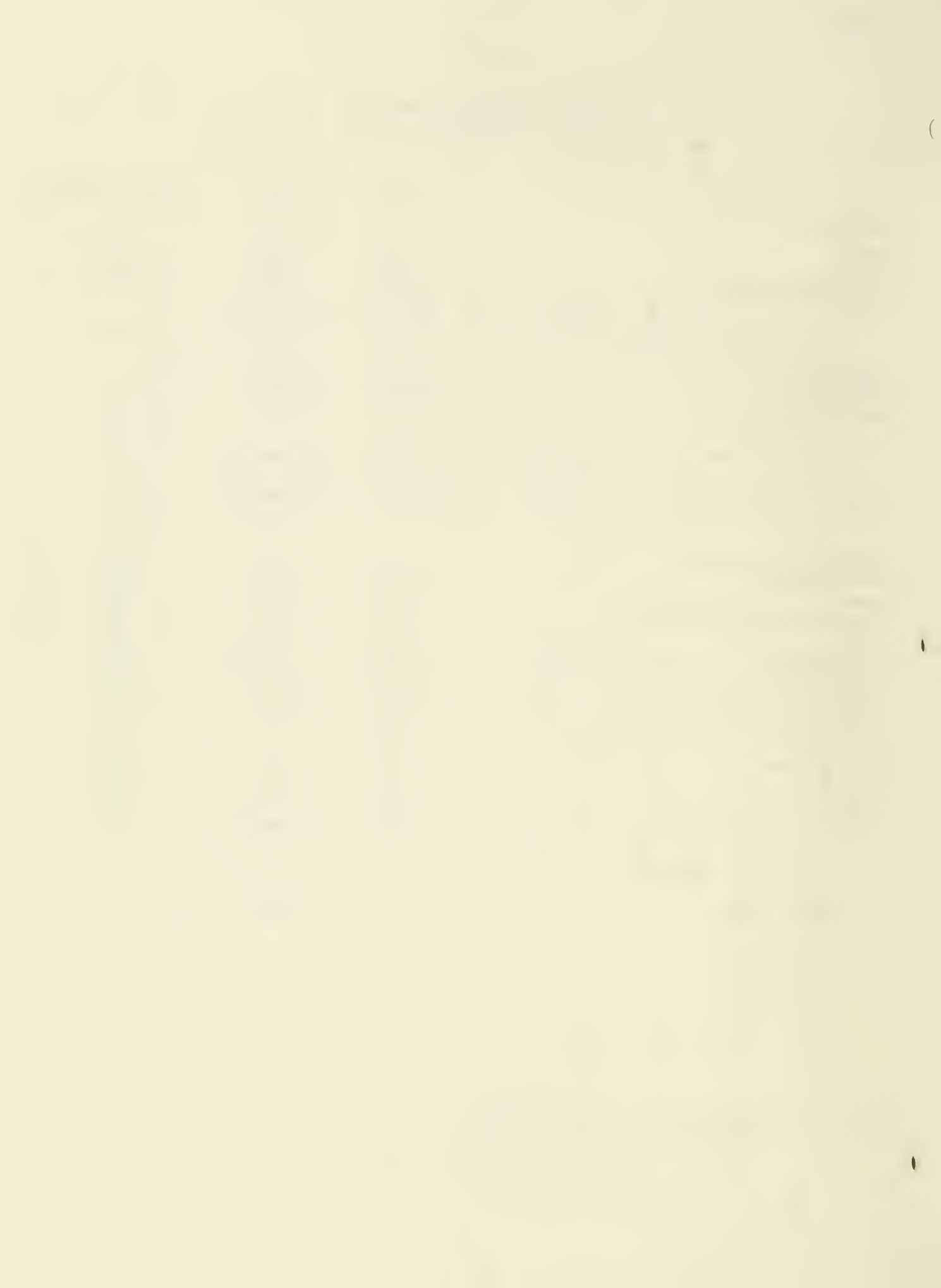
**Source: Criminal Statistics Bureau, Department of Justice.

TABLE 14

CRIME INCIDENCE COMPARISON*
1976-1977

<u>Offense</u>	<u>1976</u>	<u>1977</u>	<u>Percent Change</u>
Homicide	41	40	- 2.4
Rape	124	138	+11.3
Robbery	238	295	+24.0
Aggravated Assault	1,137	1,437	+26.4
Total Offenses Against Persons	1,585	1,910	+20.5
Burglary	6,665	6,363	- 4.5
Larceny/Theft	21,560	21,214	- 1.6
Motor Vehicle Theft	2,327	2,413	+ 3.7
Total Offenses Against Property	30,552	29,990	- 1.8
Total 7 Major Offenses	32,137	31,900	- 1.0
Negligent Manslaughter	17	25	+47.1
Other Assaults	1,375	1,520	+10.6
Arson	156	174	+11.5
Forgery and Counterfeiting	626	521	-16.8
Fraud	1,331	1,624	+22.0
Embezzlement	18	10	-44.4
Stolen Property	200	329	+64.5
Vandalism	9,233	10,149	+ 9.9
Weapons	539	525	- 2.6
Prostitution	38	29	-23.7
Sex Offenses	350	360	+ 2.9
Drugs	1,702	1,499	-11.9
Gambling	66	40	-39.4
Offenses Against Family	762	984	+29.1
Total Other Offenses	16,413	17,789	+ 8.4
GRAND TOTAL	48,550	49,689	+ 2.4

*Source: Montana Board of Crime Control



I. ADMINISTRATIVE FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - Develop a strategy to obtain maximum available third party payments for alcohol and drug treatment services.

During the Governor's Executive Planning Process the Department of Institutions recommended that legislation be introduced to amend Montana's Insurance Code. As a result of the planning process, the Governor's Office has indicated that they will sponsor such legislation during the 1979 legislature. It is expected that at least three special interest groups within Montana will introduce similar legislation.

The Division will provide material and technical support to sponsors of legislation which includes coverage of alcohol and drug abuse treatment service in insurance companies' health plans.

The Division is also working towards obtaining a legislative mandate from the 1979 legislature for the authority to certify substance abuse counselors. Counselor certification is seen as a means of diminishing payor resistance of reimbursement for alcohol and drug services.

Objective 2 - Publish and circulate the Divisions' bimonthly newsletter, "The Habit".

"The Habit" serves as a communication medium between the State Office and local programs. Information regarding new films, publications and training events are included in each issue. Response to the newsletter has been favorable and the distribution list has expanded from one hundred to five hundred recipients. Inclusion of some education authorities and law enforcement personnel to the newsletter distribution list will be accomplished in the upcoming year.

Publication of "The Habit" will become a functional responsibility of the Planning Section in FY79.

Objective 3 - Assure that adequate attention is paid to special emphasis programs.

As discussed in detail in the special emphasis section of this functional plan (see pages 65/75), the ADAD has made an extensive effort to identify the unique needs of special populations and to develop action plans to meet those needs.

B. Alcohol and Drug Abuse Division Organization

The Alcohol and Drug Abuse Division exists within the Department of Institutions and is the designated Single State Agency for drugs as well as the State Alcohol Authority within the State of Montana. All major management functions, with the exception of subcontractor reimbursement

and on-site financial monitoring, are performed within the ADAD. These latter two functions are performed respectively by the Department's Management Services Division and its special staff unit. (See organizational charts (Exhibits 3A - 3E.)

ADAD staff roles and responsibilities are functionally defined under a two-bureau organization which includes a Community and Program Development Bureau and a Reporting and Evaluation Bureau.

The Community and Program Development Bureau consists of five sections:

1. Direct Services Section
2. Technical Assistance Section
3. Special Services Section
4. Prevention Section
5. Training and Certification Section

Nine of the Community and Program Development Bureau staff are responsible for training, technical assistance, prevention programs and special services. An additional sixteen (16) staff provide direct drug treatment services through the Southwest Montana Drug Program (SMDP).

The Reporting and Evaluation Bureau has three functional sections:

1. Management Information Systems
2. Contract, Monitor and Program Evaluation Section
3. Planning/Policy Section

The five staff members of the Reporting and Evaluation Bureau are responsible for program monitoring and evaluation, management information systems and the development of the annual state plan for alcohol and drugs.

With the exception of the state operated SMDP, each ADAD staff member performs functions specific to both alcoholism and drugs.

The ADAD is guided by the Montana Advisory Council on Alcohol and Drug Dependency. The council is composed of eight members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and affirm ADAD policy and to recommend project and program activities.

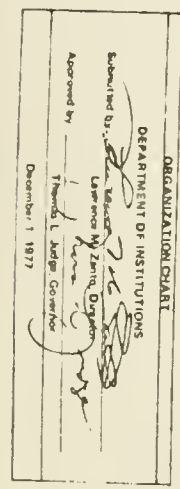
Prior to Montana's legislative sessions, the Council is an instrumental body in developing legislative strategy and in reviewing and supporting efforts of other legislative sponsors.

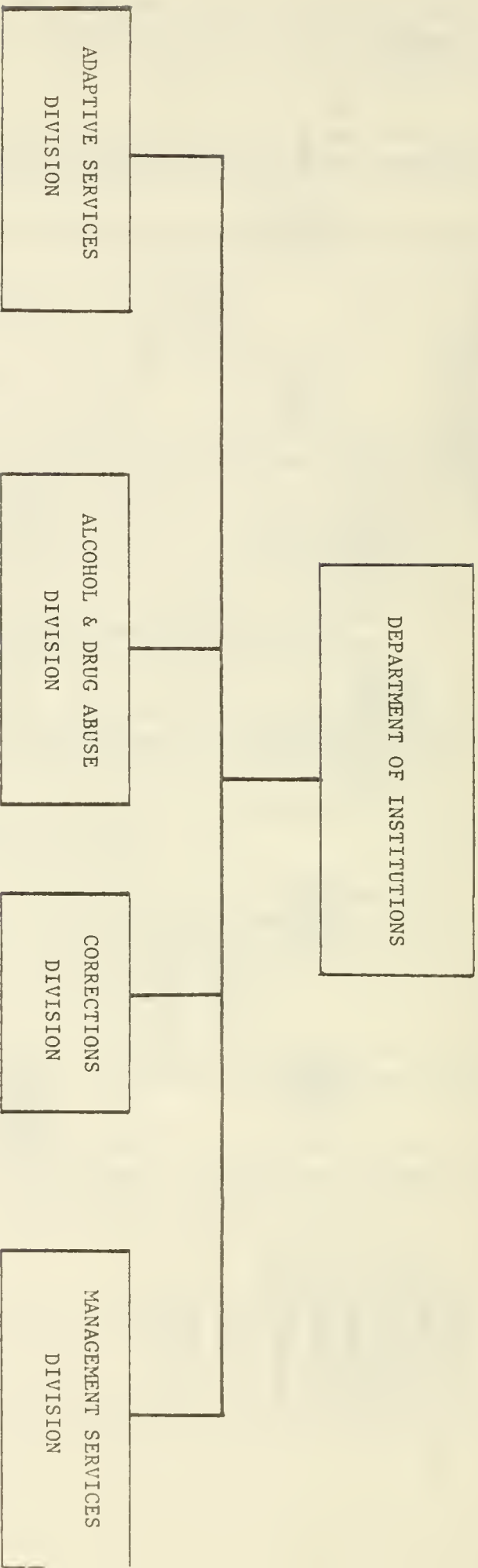
Council membership provides "broad representation of population groups to be served, of governmental and employee groups, local citizens groups, and representatives of major socio-economic and ethnic groups", according to the Council's existing by-laws. (For a list of Council members see Exhibit 4).

C. Administration of Substance Abuse Programs

1. Alcohol Programs

Alcohol services in Montana tend to be regionalized and are community based





ALCOHOL & DRUG ABUSE DIVISION

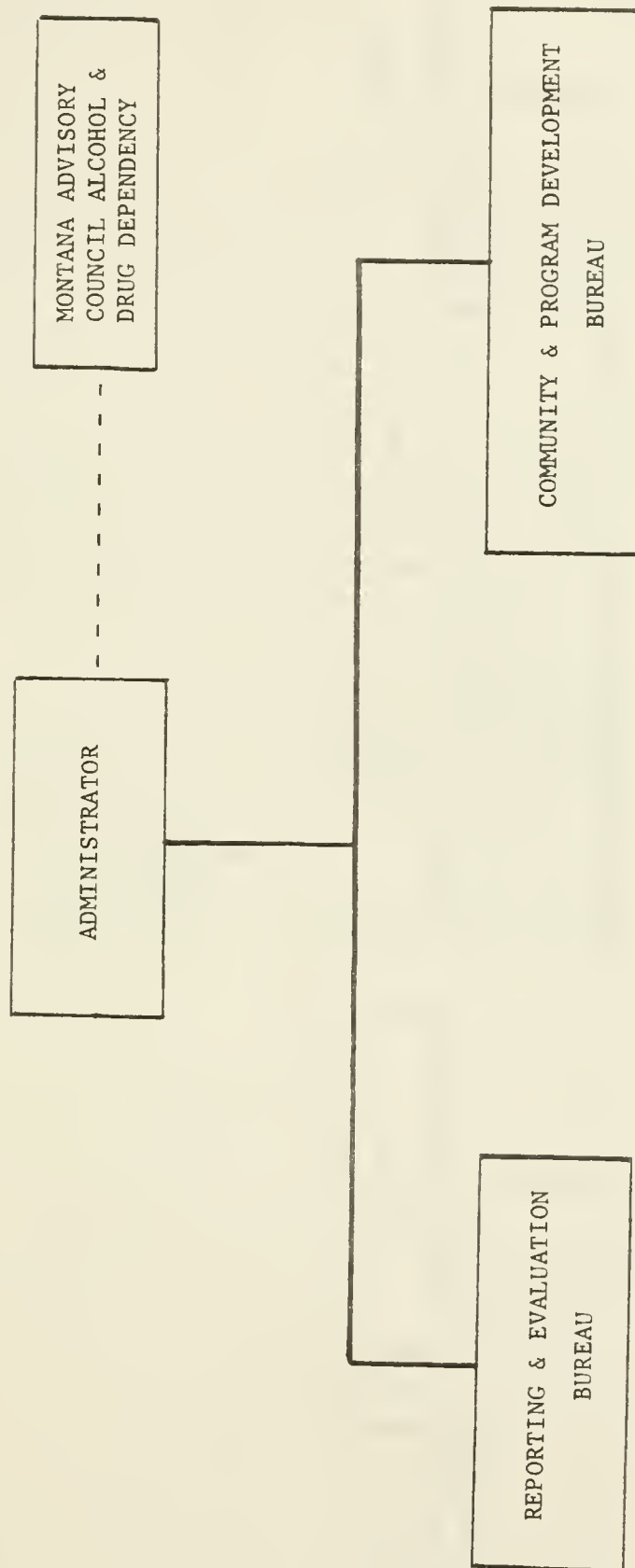
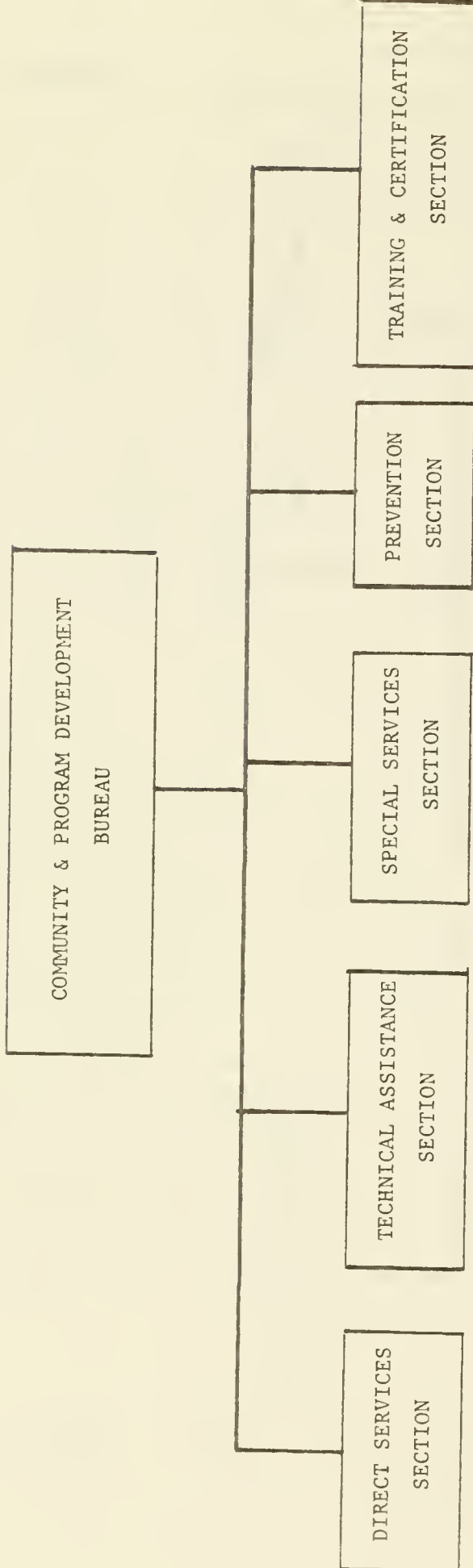


EXHIBIT 3C



REPORTING & EVALUATION
BUREAU

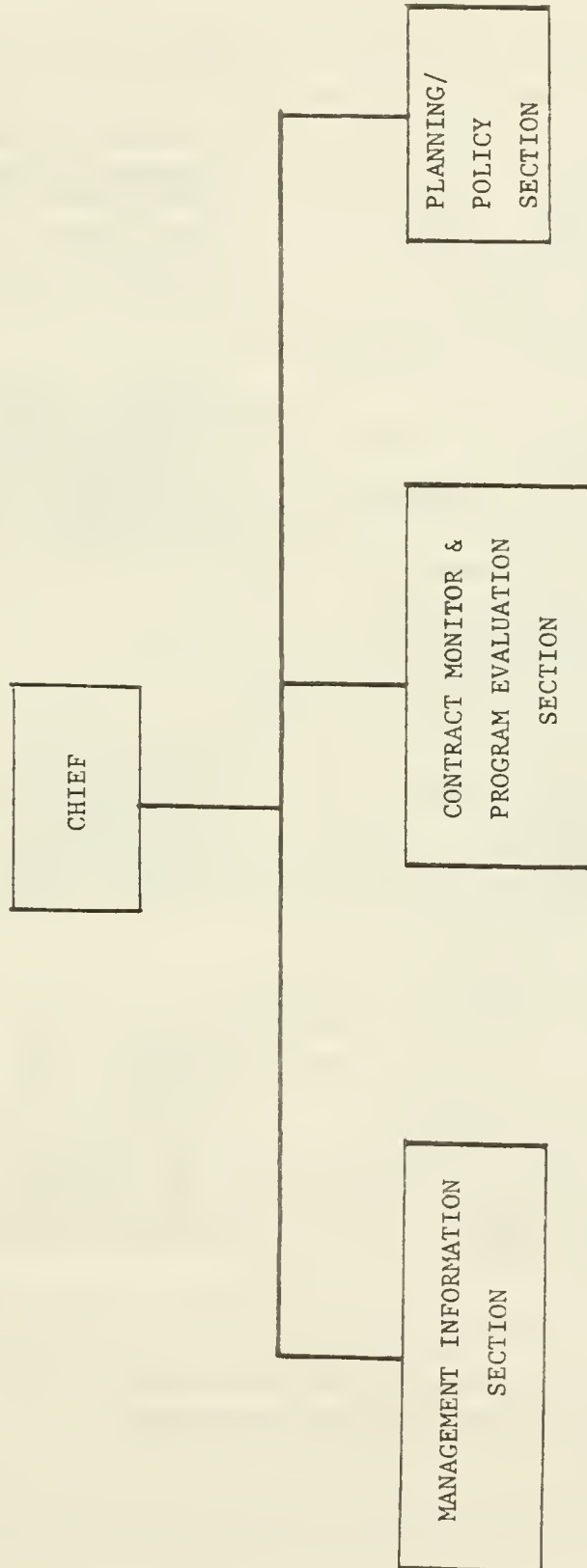


EXHIBIT 3E

MONTANA ADVISORY COUNCIL on ALCOHOL and DRUG DEPENDENCY

LARRY FASBENDER
Farmer, Legislator
Montana Senate
Home Address: Route 1, Box 23
Home Phone: 264-3045
Fort Shaw, Montana 59443

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Consultant to College of Great
Falls on Drug Education Law
Enforcement Drug Specialist

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Member of Crow Tribe

ROBERT L. VAN HORNE, Ph.D.
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Home Address: 4 Martha's Court
Missoula, Montana 59801

The Advisory Council membership has been established so that both minority and poverty interests are represented.

with satellite counselors providing services to outlying communities and counties. The Alcohol and Drug Abuse Division contracts, on an annual basis, with community programs to provide alcoholism services.

As per state law, (80-2713) programs are "state-approved or disapproved" annually according to specific approval criteria. A program must achieve and remain in approved status to qualify for state and county funds derived from the alcohol tax .

Local program funding applications are reviewed utilizing a standardized contract process.

2. Drug Abuse Treatment Programs

Montana presently has the following drug abuse treatment programs;

- Southwest Montana Drug Program
- Lighthouse Residential Treatment Center
- Rimrock Guidance Foundation
- Correctional Institution Chemical Dependency Programs
 - o Pine Hills School for Boys
 - o Swan River Youth Forest Camp
 - o Montana State Prison

Southwest Montana Drug Program(SMDP) provides outpatient drug services to the largest service population through five satellite centers. SMDP is a state program administered by the Montana Department of Institutions, Alcohol and Drug Abuse Division. Functionally, SMDP is under the Direct Services Section of the ADAD Community and Program Development Bureau. The Administrative Director of SMDP is accountable to the Bureau Chief of the Community and Program Development Bureau, who in turn reports to the Division Administrator. The day-to-day operations and programmatic decisions for SMDP are the responsibility of the Administrative Director.

Lighthouse is a state operated residential treatment facility located in Galen, Montana. Lighthouse is a component of Galen State Hospital, which is part of the Department of Institutions, Mental Health and Residential Services Division. The Southwest Montana Drug Program contracts with Lighthouse for ten residential beds.

Rimrock Guidance Foundation is funded by the NIDA Statewide Services Contract for provision of outpatient drug abuse treatment services in Region III. As stated in the contract, all work performed by Rimrock is under the technical guidance and direction of the Alcohol and Drug Abuse Division.

In September, 1978 the ADAD initiated chemical dependency services in three of the State correctional institutions in cooperation with the Department of Justice, Crime Control Division.

The ADAD contracted with Regional Alcohol and Drug Abuse Boards in Regions I and V to deliver alcohol and drug abuse services to residents of Swan River Youth Forest Camp and Pine Hills School for Boys in Miles City. The alcohol and drug abuse services within Montana State Prison are provided by a state staff member, supervised by the Administrative Director of Southwest Montana Drug Program.

Comprehensive on-site program reviews of these drug abuse treatment programs are conducted quarterly by ADAD Reporting and Evaluation Bureau staff to ensure program compliance with State and Federal standards. Technical assistance is provided based upon weaknesses identified during the program review process and upon request by SMDP, the Director of Treatment and Rehabilitation Services.

3. Contract Process

The Division has developed and will utilize a standardized system for reviewing proposals and awarding contracts. (See Exhibit 5).

Phase I - Planning and Application Solicitation

- A. It is the responsibility of the Alcohol and Drug Abuse Division (ADAD) Administrator to conduct planning activities and ensure adequate justification and need for contract proposals. Planning activities include:
 - o Determine whether contract proposals are the proper mechanism or means for funding services required.
 - o Determining number and types of services needed.
- B. Identification of funds available must be made by the Department of Institutions Management Services Division.
- C. The Community and Program Development Bureau (C & PDB) has the responsibility of developing proposals and applications. The process can only be initiated after steps A & B have been completed. Proposals must include:
 - o Project narrative, program budget and costing information.
- D. It is the responsibility of the ADAD Administrator to announce and advertise proposals, submit request for proposals to prospective contractors and receive and log in proposals once they have been completed.

Phase II - Application or Proposal Review

After proposals or applications have been completed by the prospective contractors and submitted to the ADAD they are scheduled for the review process. (See standardized application format - Appendix 1).

- A. It is the responsibility of the C & PDB to review all proposals for programmatic content and make general recommendations.
- B. It is the responsibility of the Reporting and Evaluation Bureau (R & EB) to review all proposals for budget and cost aspects and make recommendations.
- C. Proposals are then scheduled to be reviewed by the staff Review Committee.

Review Committee includes a panel of three people made up from two ADAD staff members and one independent person from outside the ADAD.

Alcohol & Drug Abuse Division
Contract Process

Phase I - Planning & Application Solicitation

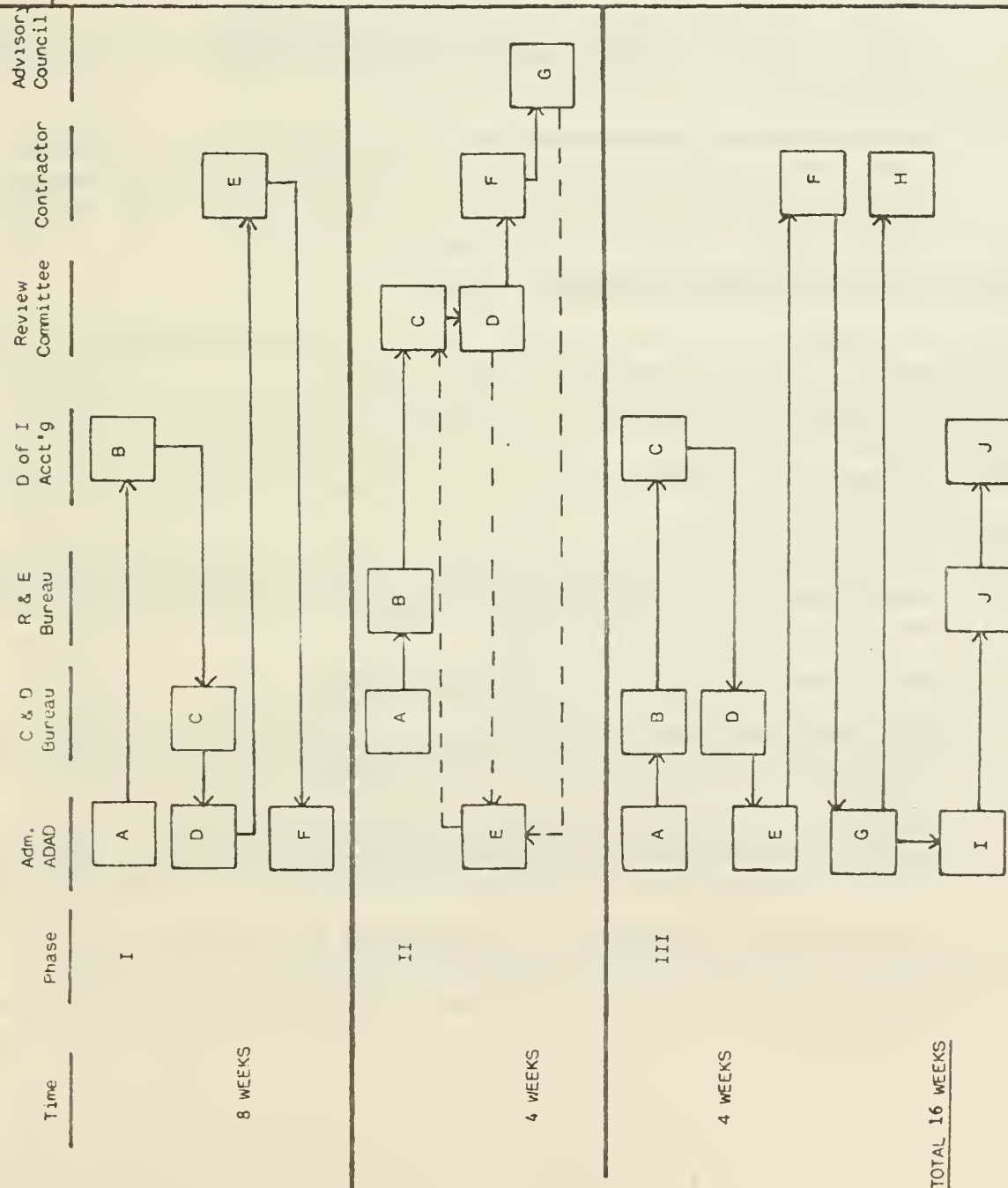
- Planning & justification of contract
- Funds available and identified
- Priorities & objectives of award developed development of application or proposals
- Announce awards & identify participants
- Mail applications or proposals to applicant
- Receive contract proposals or applications

Phase II - Application or Proposal Review

- Evaluation of programmatic aspects
- Evaluation of budget & cost aspects
- Review by committee
- Committee recommendation
- Additional information required
- Half-hour program presentation
- Advisory Council review (E Additional information required)

Phase III - Negotiation & Award

- Review of recommendation
- Agreement on terms - negotiation
- Financial review
- Development of contract
- Review & distribute
- Contractor review & signature
- Signature
- Commence contract
- Develop contract file
- Monitor contracts



ADAD Review Criteria:

1. Compliance to application and proposal criteria and guidelines.
 2. Compliance with State standards.
 3. Goals and measurable program objectives.
 4. Budget and cost review.
 5. Program evaluation system in place.
- D. Prospective contractors may have a half hour to make a presentation of the proposal to the Review Committee.
- E. It is the responsibility of the ADAD Administrator to ensure that the Review Committee has all information needed to conduct the review. Any additional information needed by the review committee is routed through the ADAD Administrator.
- F. After the review committee has received the proposals or applications, they are forwarded to the State Alcohol and Drug Advisory Council for review and comments.

Again, it is the responsibility of the ADAD Administrator to ensure that the Advisory Council has all required information to complete their review.

- G. The Director of the Department of Institutions reviews recommendations regarding funding and applications made by the Staff Review Committee, State Advisory Council and Administrator of the ADAD and makes a final award decision.

Phase III - Negotiation and Award (4 weeks)

After all reviews have been completed and signed off with recommendations, the proposals enter the negotiation and award phase.

- A. The ADAD Administrator reviews all final recommendations.
- B. The C & PDB develops final terms of agreement and negotiates contracts with contractors.
- C. The Department of Institutions Accounting section again reviews final budget and costing information of contract to ensure adequate funds are available for contract award.
- D. The C & PDB then develops the final contract.
- E. The contracts are reviewed by the ADAD Administrator who ensures that they are mailed and distributed to contractors for signatures.
- F. After contracts have been reviewed and signed by the contractor, they are mailed back to the ADAD Administrator who ensures that all appropriate Department of Institution signatures are on the contract.
- G. Signed copies of contracts are then mailed to the contractors.
- H. The ADAD Administrator then develops a contract file on each contract issued.

1. It is the responsibility of the R & E Bureau to monitor programmatic compliance of each contract and the Department of Institutions Accounting Office to monitor financial compliance of each contract.

4. Contract Monitoring

To effectively monitor provider compliance with contract provisions in the interim periods between on-site program reviews, the Reporting and Evaluation Bureau will implement the following procedures:

1. A contractor master list will be prepared and updated on a monthly basis.
2. Provider requests for reimbursement will be reviewed to ensure completeness and that requested amounts are in line with contract provisions.
3. Payments of requests for reimbursements will be authorized by the Reporting and Evaluation Bureau.
4. Monthly and quarterly program reports will be reviewed to determine whether programs are serving the number of clients projected in their contracts.
5. A log showing the date of request for reimbursement, payment date and total payments made to date including cash advances for start-up funds will be maintained and updated on a monthly basis.

D. Budget Process

Budgets are developed annually by the Alcohol and Drug Abuse Division based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division to the Governor's Office of Budget and Program Planning (OBPP) for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

After review by the OBPP the Department of Institutions' budget is given to the legislative appropriations subcommittee. The subcommittee compares the Department's budget, included in the Executive Budget, to a similar budget prepared by the Legislative Fiscal Analyst. Through negotiations, a final budget is arrived at by the legislative appropriations subcommittee. The budget, as agreed upon by the subcommittee, the Office of Budget and Program Planning, and the Department of Institutions is submitted to the legislature for final appropriations. Appropriations are made on a biennial basis by the legislature.

Budget modifications needed when the legislature is not in session are reviewed by the Office of Budget and Program Planning acting as an interim authority on behalf of the legislature.

E. Third Party Payments

Collection of third party payments is still a Division priority; however, until Montana's Insurance Code is amended it will be nearly impossible to collect reimbursements from major insurance groups.

During the Governor's Executive Planning Process the Department of Institutions recommended that legislation to amend Montana's Insurance Code be included in proposed legislation to be presented to the 1979 legislative body. The Governor's Office has indicated their support and will sponsor such legislation. It is expected that at least three special interest groups throughout the state will introduce similar legislation.

As staff certification becomes fully implemented, barriers to obtaining third-party reimbursements from group health plans for substance abuse treatment services should be diminished. Several treatment centers are preparing for Joint Commission on Accreditation of Hospitals (JCAH) approval, anticipating that such accreditation will facilitate collection of third party payments.

Sixteen alcohol programs and 2 drug programs now bill clients for services and the Division will continue to encourage all community alcohol and drug programs to develop client fees-for-services based upon a sliding fee scale.

F. Licensure, Certification Standards and Credentialing

1. Facilities

Alcohol service programs must be licensed by the Department in accordance with the standards and procedures for the operation of alcohol facilities set forth in Title 80, Chapter 27, Section 2713, R.C.M. 1947, and Montana Administrative Code, Volume A, Part 1, Title 20, Chapter 3. Alcohol programs are approved (licensed) or disapproved by the Department (ADAD) on an annual basis. A program must achieve and remain in approved status to qualify for state funding and county funds derived from the alcohol tax.

All alcohol programs are evaluated annually and drug abuse programs are reviewed quarterly. Facility standards have been included in the evaluation manual.

The following progress has been made towards having a fully tested counselor certification system which will be ready for implementation by January 1979.

1. A statewide certification planning committee has been established.
2. Determination of appropriate subject areas has been completed.
3. The structure and format for the certification system has been established.
4. Certification requirements for alcohol and drug workers were combined into a substance abuse certification system.

An approach for obtaining a legislative mandate to certify counselors will be established, based upon certification committee recommendations, by September 1978. It is anticipated that the Department will receive authority to certify from the legislature in 1979.

The certification committee and the Alcohol and Drug Abuse Division (ADAD) have agreed to certify those individuals having two years of paid validated experience and employed at the time of implementation.

The Montana counselor certification model consists of the following:

1. A group of 12 core subject areas with training and educational standards required of all substance abuse workers.
2. Two specialty fields, alcohol abuse and drug abuse, one of which must be assumed by each applicant. The counselor also has the option of taking both. Each specialty field has its own set of required subject areas and standards depending upon choice of field.
3. Levels of expertise will be determined for each subject area rather than for general counselor level ratings. For example, a worker could be rated at a level III expertise in group counseling without needing to meet additional requirements in all subject areas.
4. One year of paid validated experience will be required of all applicants prior to issuance of a certificate.

Certification is a central factor in the Montana training system; training needs are assessed in relation to certification standards. Presently, the ADAD training section has the capability to certify all persons working in the substance abuse field.

G. Special Emphasis Programs

1. Minorities

The racial distribution in Montana is 95.5% white with 4.2% of the remainder being Native American. There are seven Indian Reservations within the state as well as substantial landless and urban Indian populations in major cities. There are seven reservations within Montana, all of which have comprehensive alcohol programs and three urban Indian alcohol and drug abuse programs. All reservation programs are funded by NIAAA, with three receiving supplemental support from ADAD.

As compared with state population statistics, Montana's Indians comprise a disproportionate percentage (20-30%) of correctional and institutional population. Substance abuse problems typical of both on and off reservation Indians include solvent abuse and polydrug problems which nearly always involve alcohol.

Of ten drug minigrants for substance abuse prevention granted in FY78, two were granted to Native American alcohol and drug programs.

In 1976, the Division contracted with the Montana United Indian Association for development of an Urban Indian Alcohol Plan. This plan was included in the FY77 State Plan for Alcoholism and Alcohol Abuse. The plan which was developed identified the extensive problem of alcoholism as an urban Indian problem and presented an action plan to start meeting the unique needs of this group. As a result of needs identified in the Urban Indian Alcohol Plan,

the Big Horn County/Urban Indian Alcohol Program was established in Hardin, Montana in January 1978, through a contract with Southcentral Montana Mental Health Center. Based upon recommendations of the plan, an intermediate care center was funded in Missoula through a contractual agreement with the Missoula Indian Alcohol and Drug Program. Funding of these projects, during FY78, began the implementation of the Urban Indian Alcohol Plan.

Because of lack of reservation drug abuse services, tribal alcoholism programs are relied upon to also provide drug abuse services.

The ADAD will continue to assist and support alcohol and drug abuse programs located on reservations, or programs which admit predominantly Indian clientele.

2. Women

The ADAD addresses women as a priority population. As reflected by data presented in the Needs Assessment chapter of this plan, women make up approximately one-third (33%) of Montana's drug treatment population. In the past year, less than one-fourth (20%) of the total persons admitted to alcoholism treatment programs were women.

The available information indicates that women may suffer from different kinds of substance abuse problems than men. Women report problems resulting from the use of depressants (barbituates, sedatives, and tranquilizers) far more frequently than do men. Of the total admission to drug abuse treatment programs in 1977, 28% of the women entering treatment listed depressants as their primary drug of abuse whereas only 13% of the men indicated a problem with depressants.

It has also been suggested that women substance abusers may be misdiagnosed as being "nervous" or "depressed" when they seek professional help for their problems. The result of such misdiagnosis is often a prescription for tranquilizers, which can result in polydrug abuse problems.

As supported in the regional plans, women have been determined to need services which place emphasis on physical and social conditions. Counseling aimed at specific womens issues must address life planning skills and role traditions. Counselors must be sensitive to womens issues and services must be coordinated with other supportive groups and organizations to deal with the complexity of the problem.

It has also been identified that there is a need for more effective outreach efforts to encourage women to seek treatment. Lack of child care services is seen as a major deterrent for women seeking treatment. Confidentiality is noted; particularly by smaller communities, as a prime concern among women who still seem to fear social stigmatization.

In accordance with ADAD priorities, Region V developed a research project to assess unique needs of women as they relate to substance abuse and will develop recommendations and an action plan to meet identified needs.

The Gallatin Council on Health and Drugs submitted a proposal to NIDA entitled "Rural Women and Leisure Time". If funded, the project will be an innovative

educational/developmental program designed to improve the quality, efficiency, and responsiveness to the particular community needs for treatment and rehabilitation of rural women substance abusers.

In an effort to familiarize counselors with the special needs of women alcohol and drug abusers, the ADAD training section continues to sponsor workshops for counselors on "Womens Issues in Treatment". The course focuses upon three main areas:

- 1) Socialization - recognition of role limitations and conflicts.
- 2) Relationships - dependencies on partners, family and children. Interaction and communication problems.
- 3) Counseling - specific methods by which counselors can improve interaction with women clients as well as problems inherent in the traditional counselor/client relationship.

In accordance with the priority listed in the FY78 State Plan, the Director of the Department of Institutions, in cooperation with the ADAD, organized a statewide Task Force on Women and Substance Abuse for the purpose of establishing statewide policies regarding women substance abusers. The task force is made up of representatives from all five planning regions, all women on the State Advisory Council, as well as resource persons from other agencies. (For a list of task force members see Exhibit 5)

The overall goal of the Task Force, as agreed upon by all members, is "to develop sufficient information to plan and provide effective treatment and prevention of substance abuse for all women in Montana".

The task force is presently gathering information for the purpose of identifying unique problems and needs of Montana's women who have problems resulting from the abuse of alcohol and/or drugs. Policy recommendations will be made to the ADAD and the State Advisory Council regarding prevention treatment and rehabilitation services for women after the data collected has been fully analyzed and specific areas of need are determined. The Task Force will be continued in FY79. (See Appendix 2 , Minutes of Task Force Meetings).

3. Youth

The data presented in the Needs Assessment suggest that abuse of amphetamines or "speed" ranks highest among Montana's youth. Twenty-eight percent (28%) of persons under the age of 17, list amphetamines as their primary drug of abuse followed by marijuana at 22% and alcohol at 14%.

Of all admissions to Montana's drug abuse programs in 1977, 25% were under the age of 17 and nearly half (47%) were under the age of twenty.

Admission data to statewide alcohol programs indicate that approximately 8% of the caseload consists of persons under the age of 20; however, 17% of clients admitted to DWI court schools are under the age of 20.

Community needs assessment and arrest data support the apparent need to target alcohol and drug abuse prevention at the 20 and under age group. Drug and alcohol education and information for youth are among the most commonly expressed community needs.

MEMBERS - WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

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Alcohol & Drug Abuse Division
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During FY78, the ADAD prevention section collected substance abuse curricula for kindergarten through the twelfth grade from other states. The curricula is currently being revised to fit Montana's needs by a curriculum Task Force.

It is planned that the curricula will be implemented in the 78/79 school year. After testing the courses for two years, the Division hopes to receive a mandate from the 1981 legislature to ensure that alcohol and drug education courses will be delivered in all schools (Kindergarten through grade twelve).

The ADAD training section presented a course entitled "Adolescence Intervention Strategies" during the past year. The course was designed for social services, outreach and criminal justice workers who have direct contact with young people. The focus of the course was on the interaction among youth, youth programs/agencies and their communities. Major areas of concentration included youth programs, their management and organizational design and development, counseling skills, legal services, resource development, community organization, cooperation and evaluation.

The philosophy behind the course is to present methods whereby service delivery systems for youth can more effectively provide a growing and learning experience for young people rather than just another system that tries to solve the problems of youth.

To more effectively identify the concerns and needs of youth the ADAD contracted with the Child and Youth Development Bureau (C & YDB), State Department of Social and Rehabilitative Services, to organize five representative regional youth committees for the purpose of offering the youth of Montana an opportunity to:

1. Present their strategy for the prevention of abuse of drugs and alcohol.
2. Inquire into and identify the most effective forms of communicating drug and alcohol information for youth and young adults 8 - 20.
3. Identify settings through which prevention programs could most effectively be channelled.
4. Obtain a better understanding and identification of the youth drug and alcohol abuse problem in Montana; and
5. To develop a plan of action for addressing the problem of youth substance abuse through prevention, education and intervention strategies. (For a list of task force members see Exhibit 7).

The collective recommendations and goal statements which follow were taken from "Statewide Recommendations for Substance Abuse Prevention, Education and Intervention", a report prepared by the State of Montana Youth Substance Abuse Committee.

PREVENTION:

Goal: To prevent the use of drugs and alcohol from becoming abuse.

Recommendations:

- teach interpersonal/life skills to youths and adults.
- educate communities through use of the media stressing non-use and symptoms of abuse and tolerance levels.
- educate people as to alternative highs.

MEMBERS - STATEWIDE YOUTH TASK FORCE

Region I

Alison Engessor, Chairperson
Shawna Jerrel, Vice-chairperson
Vicky Schaner, Secretary
Valerie Hopfauf, Vic-secretary
Ched Horton
Jeff Speelman
Marcia Kuehn
Leslie Wilson
John Trull, Youth Development Worker

Region II

Barbara Ferris
David Wicks
Dennis Gunnarson
Tom Allyn
Steve Anderson
Dana Ayers
Teresa Granga
Tim Berg
Kristal Hanley
Christie Hall
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Kathy Ostrander, Youth Development Worker

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Debbie Hjellum
Bill Jones
Tanya Kruger
Laura Lee
Gordon Lindley
David Montgomery
Don Peterson
Jeff Powers
Joe Rose
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Pat Williamson
Carrie Wiman
Diane Zuck
Peter Guthridge, Youth Development Worker

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Ann Mullen
Bernie Dillon
Kevin Barry
Colleen O'Donnell
Carla Booth
James Gow
Randy Root
Jim Roland, Youth Development Worker
Marvel Weggeman, Youth Development Worker

Region V

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Willa Crue
Janice Krahn
John Magee
Paul Sorenson
Brenda GeBauer
Sharon Hensyel
Sandy Sorrell
Anna Gardner
Cliff Tevebaugh
Rosalie Buzzas, Youth Development Worker

Goal: To reduce the instance of substance abuse among youths by providing alternatives to drug and alcohol use.

Recommendations:

- develop alternative programs for youth such as youth centers and activities.
- coordination of existing youth services.
- develop more opportunities for youth employment.

Goal: To increase public awareness and responsibility for dealing with the problem of substance abuse.

Recommendations:

- encourage individual community planning and development efforts in the area of youthful substance abuse programs.
- educate school personnel as to information and referral resources for substance abuse.
- assure youth involvement at state and local levels in planning, implementation and operation of youth substance abuse programs.

EDUCATION:

Goal: To make more up-to-date information on substance abuse available to youth and people working with youths.

Recommendations:

- better materials should be made available through high schools.
- set up regional libraries of current films and literature dealing with substance abuse.

Goal: To involve youth in educational programs on substance abuse.

Recommendations:

- current education programs should be conducted in more of an open manner to encourage student participation and discussion.
- peer counseling programs should be used in teaching alternative highs.

Goal: To incorporate good substance abuse classes into school curriculums for grades kindergarten through twelve.

Recommendations:

- interpersonal skills should be taught as part of the curriculum.
- people from outside the school system should be recruited to teach substance abuse courses.
- substance abuse education should be incorporated into driver's education courses.
- substance abuse courses should begin at the junior high level.

Goal: To educate school teachers, counselors, and principals about substance abuse among youth.

Goal: To promote community awareness of youthful substance abuse.

Recommendations:

- educate community people including parents, law-enforcement personnel, parents, ministers, and agency personnel about substance abuse.
- the news media should be used more in education about substance abuse.
- promote discussion of substance abuse among youths and adults in relation to goals, values, and responsibility.
- youth should be made aware of their legal rights when busted for substance abuse.

INTERVENTION:

Goal: To develop more intervention programs specifically designed for youth which are accessible to youth.

Recommendations:

- more intervention programs for youth are needed, especially in areas where none currently exist (i.e, Mineral and Ravalli Counties).
- crisis intervention services should be available in all areas of the state.
- programs for first offenders should be developed by counties.
- employers should be encouraged to establish intervention programs for employees needing such a service.
- existing programs should be up-graded and better advertised to attract youth.
- alcohol education should be mandatory for D.W.I. offenders.
- restitution should be used more for alcohol abuse offenders.
- funds should be made available to communities to develop programs.

Goal: To encourage family participation in intervention programs for youths.

Recommendations:

- family treatment programs should be developed for substance abuse.
- courts should mandate family involvement in treatment of substance abuse.
- substance abusers and their families should be treated rather than punished.

Goal: To promote early identification and intervention of youths who are abusing drugs/alcohol.

Recommendations:

- intervention programs should emphasize identification and treatment of high risk youths in schools.
- rehabilitation programs should be more involved in the area of intervention.
- school services should increase their capabilities to identify youths who are having problems.
- coordination among agencies (mental health, schools, courts, etc.) would assure early screening of youths who are potential substance abusers.
- schools should refer rather than treat.

Goal: To involve youth in intervention programs.

Recommendations:

-peer counselors should be used in intervention programs.

Goal: To increase the potential for self-help for substance abusers.

Recommendations:

-public education as to symptoms of abuse should be promoted.

-self-help groups including the abusers friends and families should be developed.

Goal: To develop alternatives to substance abuse for youths.

Recommendations:

-alternatives through such things as adventure and other activities should be developed for potential substance abusers.

GENERAL:

Goal: To provide a means for continued and active youth involvement in planning and implementation of substance abuse programs in Montana.

Recommendations:

-regional and/or state youth task forces should be continued.

-Montana should endorse and support the position statements adopted at the 1978 National Substance Abuse Conference.

-money should be made available for youth representatives to attend the next National Substance Abuse Conference.

-funding should be made available for five youth task force members to continue work through the summer on implementation of recommendations (approximately \$8,500 for five summer positions).

Research:

-further research should be done on decriminalization of marijuana.

The Prevention Section of the ADAD will begin to assess, and when appropriate, begin to implement recommendations from the Statewide Youth Committee.

One of the priorities set forth in the FY78 Plan was to provide alcohol and drug abuse treatment services for youth offenders in the criminal justice system. In September 1977, substance abuse services were initiated at Swan River Youth Forest Camp, Swan River, and Pine Hills School for Boys, Miles City. The services provided include alcohol and drug abuse education, therapy and counseling for youth incarcerated in state correctional institutions. Supportive (aftercare) services for residents returning to their respective communities are an integral part of the program. Liaisons are also established through probation and parole.

Since initiation, Swan River Youth Forest Camp has provided substance abuse services to 26 individuals and Pine Hills School for Boys has served 19 youths.

A priority in the Region V Plan is to explore the possibility of implementing an "outward bound" program at Swan River Youth Forest Camp designed specifically for chemically dependent youth. The Outward Bound program, as identified with the Training Center in Denver, Colorado, is a quality program encompassing highly structured discipline to create a sharing community through wilderness survival experience.

Of the ten seed (mini) grants for prevention issued in FY78, five were aimed specifically at youth.

4. Rural Areas

The ADAD perceives Montana as an entirely rural state. Montana's two major cities, Billings and Great Falls, both have populations of less than 100,000. Although these communities could be considered as metropolitan areas, both communities are service centers for large rural, agricultural populations. Clients seeking treatment in these cities often originate from a rural setting. Montana has a population of approximately 700,000 spread throughout 147,138 square miles, an average of five persons per square mile.

Components which are effective in areas with even moderate populations cannot be operated economically in the majority of Montana's counties. Processes which require cooperative implementation with established service providers are difficult to implement because of the lack of existing health services in many remote, rural areas. One difficulty in implementing programs in rural communities is the lack of ability to maintain an acceptable level of service utilization. Because of vast distances between communities, resulting in a wide spread service population, it is also difficult to develop awareness of programs. This problem is also evident in efforts to generate local planning input on a county or regional level. Community representatives must travel hundreds of miles to attend statewide or even regional meetings.

Rural problems make basic planning, needs assessment and program implementation more time consuming and expensive in Montana than in urban or semi-rural states.

Consolidation of human service resources on the regional and local levels is viewed as a desirable means of reducing costs, increasing availability and accessibility of services and ultimately improving continuity of services.

5. Elderly

Statistics indicate that alcoholism is by far the greatest drug of abuse among Montana's elderly coupled with the misuse of prescription drugs.

During FY78, the Division's prevention section delivered a seminar entitled "Drugs and the Elderly". The seminar is a drug awareness program designed to stress the appropriate use of prescription drugs. A study done by Ronald J. Gaetano, R.Ph., and Betsy Todd Epstein, R.N. "Drugs and the Elderly: Strategies and Techniques for Consumer Education" points out several common and potentially dangerous self medications behaviors:

- a lack of knowledge of the name or action of a particular drug;
- a lack of knowledge of how a particular drug must be taken to be effective (chewed or swallowed whole, with or without food, etc.);
- a lack of knowledge of what constitutes a side effect;
- taking medicines irregularly because of lack of motivation, forgetfulness, expense, or self-determination of need;
- "stretching" medicine to make it last longer than the period for which it was prescribed;
- borrowing and lending medicines;
- saving old medicines and tending to self-treat with these;
- overdosage by the ingestion of duplicate medications prescribed by different physicians;
- mixing different drugs in one container;
- the inappropriate use of over-the-counter medicines.

The seminar presented by the ADAD prevention section was designed to convey information to the elderly regarding the pharmacology of prescription drugs, how and when a drug should be used and early warning signs of adverse reactions. The seminar was presented five times and impacted approximately 350 people. The success and positive response to the course has prompted the Prevention Section to deliver "Drugs and the Elderly" again next year.

The Prevention Section has indicated that the elderly will be a target population for prevention programming next year. An attempt will be made to design and deliver an educational course, similar to "Drugs and the Elderly" regarding the use and abuse of alcohol.

H. FY79 Proposed Activities

The major priority in FY79 will be to amend existing or initiate new legislation to further objectives of this state plan. Amending Montana's Insurance Code to facilitate collection of third party payments is viewed as an essential effort in 1979. Collection of third party payments in Montana has been hindered by several factors. The lack of adequate third party payments, together with strict requirements for obtaining these benefits, has served to complicate reimbursement for services:

- Secondary diagnoses are often used to qualify subscribers for hospital care.
- Highly expensive inpatient care is used because it is usually the only type of reimbursable care.

Many objections have been made to third-party reimbursements including lack of credentialling for treatment staff. Obtaining authority to certify substance abuse workers is also a priority of the ADAD. Considerable groundwork has already been done in preparing materials supporting counselor certification which will be presented to the 1979 legislative body.

The ADAD recognition and support of special populations will be continued as an important factor of alcohol and drug programming. The establishment of the Statewide Task Force on Women and Substance Abuse in February, 1978 was an initial step in identifying and resolving the problems of substance abuse facing Montana's women. Policy recommendations will be developed and presented to the State Advisory Council and to the Division regarding prevention, treatment, and rehabilitation services for women after the data collected has been fully analyzed and specific approaches to the problem have been determined.

The Statewide Youth Task Force on Substance Abuse will receive support from the Alcohol and Drug Abuse Division next year to assist in implementation of the recommendations they made regarding prevention and programming activities designed specifically for young persons.

The ADAD Prevention Section has identified the elderly as a target population in FY79. An educational workshop "Drugs and the Elderly" will be delivered again next year. The prevention section will begin to develop similar educational programs aimed specifically at alcohol abuse among the elderly which highlights problems often encountered by older persons.

The ADAD will continue to assist and support alcohol and drug abuse programs located on reservations, or programs which admit predominantly Indian clientele.

Monitoring of provider contracts has been identified as a weak area of ADAD administration. This results, in part, because of lack of staff. The Division will request an additional position within the Reporting and Evaluation Bureau. Functional responsibilities of this position will include implementation of an effective monitoring system to ensure provider compliance with contract provisions in the interim periods between on-site program reviews.

A programming problem faced by a rural, sparsely populated state such as Montana is that implementation and maintenance of community programs in vast, rural areas is more expensive than in more densely populated areas of the state. In Eastern Montana, Region I, seventeen counties with a total population of 93,221 cover a land area of 48,588 square miles; resulting in approximately 1.9 persons per square mile. Because the population is small and scattered, mainly in communities of 1,000 or less, service delivery is not only time consuming but expensive.

To ensure an equitable system for allocation of monies to programs located in sparsely populated areas, covering large service areas, the ADAD will attempt to devise a formula which allows for "cost-for-space".

I. FY79 Work Plan

Objective 1 - Amend existing or initiate new legislation to further objectives of this state plan.

Method

- a) Prepare material and provide support to sponsors of legislation which includes coverage of alcohol and drug abuse services in group health insurance plans for the 1979 Legislature by December 1978.
- b) Based upon certification committee recommendations, establish legislative approach for obtaining authority to certify substance abuse counselors from the 1979 Legislature by November 1978.

Objective 2 - To support special emphasis programs and to continue to assess the needs of special populations and design activities to meet identified needs.

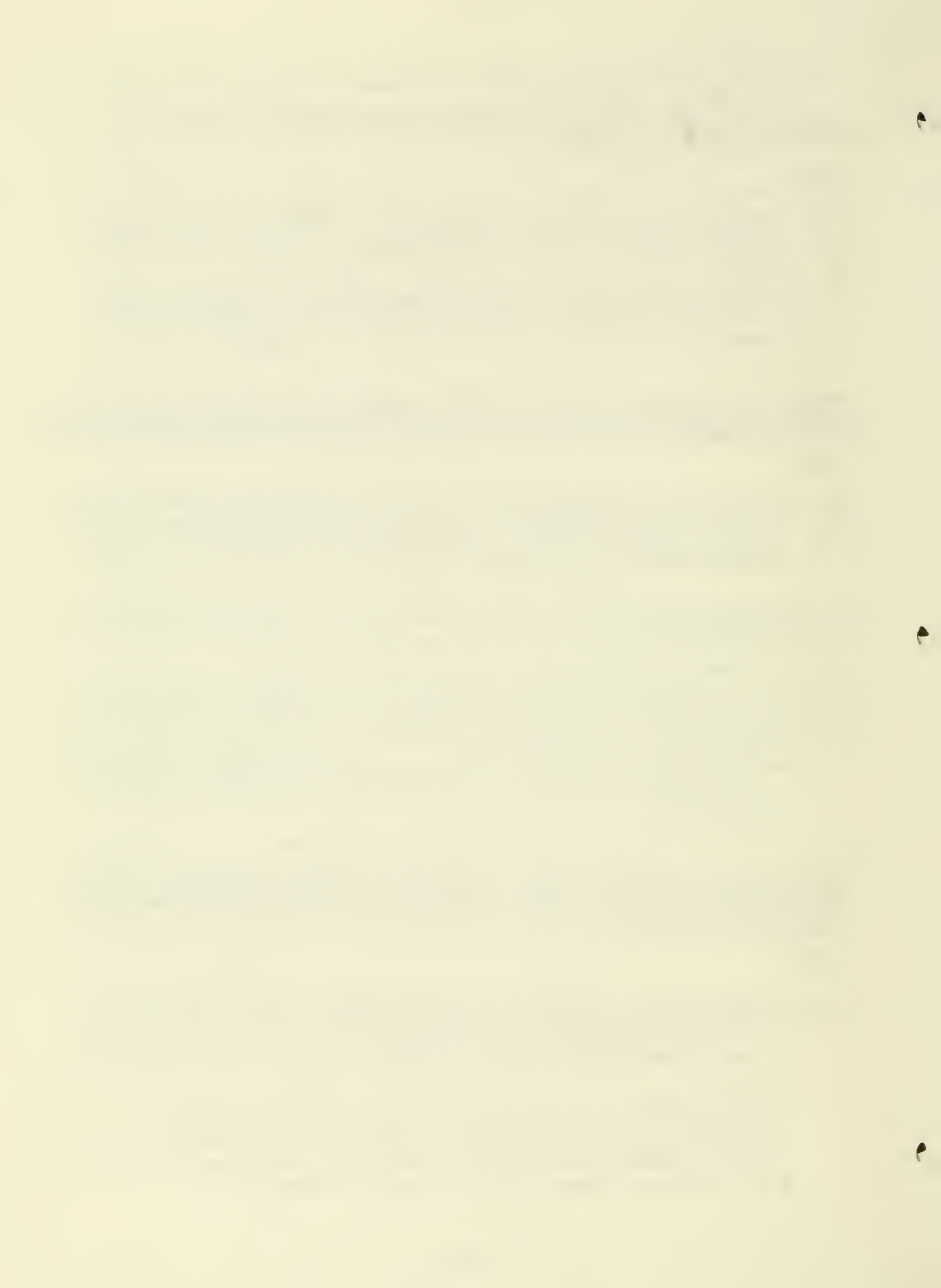
Method

- a) Continue to assist and support alcohol and drug abuse programs located on reservations or programs which admit predominantly Indian clientele - ongoing, and award at least two mini grants for prevention to Native American projects by October 1978.
- b) Continue to support the Statewide Task Force on Women and Substance Abuse - ongoing.
- c) Continue to support the Youth Task Force - ongoing.
- d) Deliver seminar on "Drugs and the Elderly" at least once and design similar seminar including alcohol education for elderly by July 1979.
- e) Develop formula to arrive at a "cost for space" allocation of funding for programs operating in sparsely populated areas of the state by November 1978.

Objective 3 - Implement contract monitoring procedure to effectively monitor provider compliance with contract provisions in the interim periods between on-site program reviews.

Method

- a) Prepare a contractor master list by September 1978 and update monthly.
- b) Review provider requests for reimbursements to ensure amounts are in line with contract provisions - monthly.
- c) Reporting and Evaluation Bureau to authorize requests for reimbursements - monthly.
- d) Review monthly program reports to determine whether programs are serving the number of clients projected in their contracts - monthly.
- e) Prepare a log showing the date of request for reimbursement, payment date and total payments made-to-date including cash advancements for start up funds beginning September 1978 and monthly thereafter.



II. PLANNING AND COORDINATION FUNCTIONAL PLAN

FY78 Performance Report - Planning and Coordination

Objective 1 - Prepare annual state plan for substance abuse prevention, treatment and rehabilitation by June 1978.

As a result of expressed needs, a planning position was established within the ADAD reporting and Evaluation Bureau; this position was filled on a permanent basis in March 1978. Regional planning was initiated at that time, and a standardized format was developed to facilitate a uniform planning process. With technical guidance from the ADAD, planning at the regional and local levels is the responsibility of Alcohol and Drug Boards in Regions I, II, and V. The Division contracted with consultant planners to develop substance abuse plans in Regions III and IV. It is anticipated that Alcohol and Drug Boards will be formed in Region III and IV during FY79. Regional plans were submitted to the ADAD in May 1978, at which time, each section within the Division drafted proposed goals, objectives and action steps based upon regional priorities, perceived Division needs, and upon relevant statistical data and studies. The regional plans were reviewed by the State Advisory Council for recommendations prior to finalization of the annual state plan.

Crime and arrest data was collected from the Montana Board of Crime Control and treatment data was derived from the Division's management information systems.

Planning information was also gathered from:

- The Statewide Task Force on Women and Substance Abuse
- Statewide Youth Task Force, "Final Report on Youth Needs Survey" prepared by the Child and Youth Development Bureau, Montana Department of Social and Rehabilitation Services in cooperation with the Montana State Board of Crime Control and the Alcohol and Drug Abuse Division.
- A detailed study of specific alcoholism uniform act implementation problems "The Alcoholic, Law Enforcement and the Uniform Act in Montana," prepared for the Alcohol and Drug Abuse Division by a private consultant.
- Alcohol and drug components of the Montana Health Systems Plan, prepared by the Montana Health Systems Agency, Inc. and the State Department of Health and Environmental Sciences.

Objective 2 - Manage and coordinate Alcohol and Drug Abuse Division grant and contract applications.

The Division prepared and submitted the following grant/contract applications for additional funding in FY78:

- Proposal for continuation of NIDA Statewide Services Contract for provision of drug abuse services to Region III (funded)
- Continuation application for NIAAA Uniform Act grant

-Proposal to NIDA for funds to conduct prevention planning activities.

-State Training Support System (STSP) continuation application to NIDA.

Objective 3 - To develop regional and local planning capability by December 1977.

Regional planning activities were initiated in March, after the ADAD filled the new planning position. A major accomplishment in FY78 was the development of a uniform regional planning format, based upon NIAAA and NIDA plan guidelines. In the past, local and regional planning information was not uniform, making it difficult to pinpoint similar areas of need and specific regional priorities. By utilizing a standardized regional planning format the ADAD is able to determine areas of need in specific categories.

Objective 4 - Prepare a state plan combining alcohol and drugs by June 1978.

The feasibility of combining alcohol and drug state plans was investigated and deemed to be appropriate. The Alcohol and Drug Abuse Division is the Single State Agency for both alcohol and drugs. Integration of alcohol and drug programming was also stated as an objective in the Montana State Health Systems Plan.

B. COORDINATION WITH OTHER AGENCIES

1. Coordination with Mental Health

Service coordination has involved local and regional agreements between community alcohol and drug programs and comprehensive community mental health centers. Agreements with mental health centers have involved reciprocal referral arrangements so that local mental health staff provide psychiatric evaluations of alcohol and/or drug abusing clients and alcohol and/or drug program staff provide diagnosis of mental health client alcohol and drug abuse patterns as well as providing treatment alternatives.

To date, two community mental health centers have been issued "state-approval" for delivery of alcoholism services: Southwestern Montana Mental Health and Alcohol Program in Helena and Southcentral Montana Mental Health Center in Billings.

The Southwest Montana Mental Health and Alcohol Program provides alcoholism services to outlying communities in several counties throughout Region IV utilizing satellite centers.

Southcentral Montana Mental Health Center also provides alcoholism services through satellite centers in Region III. In January, 1978 the ADAD contracted with the Center to administer the newly established Big Horn County Indian Alcohol Program in Hardin, Montana.

Administrators of the Alcohol and Drug Abuse Division and the Mental Health and Residential Services Division meet frequently to insure that a coordinated effort in planning for community based service delivery is an on-going process between the Divisions' staff. An example of this coordinated effort is in

the planning and conducting of on-site program reviews. Evaluation sections of both Divisions have worked out a coordinated evaluation schedule so they can evaluate community agencies providing both mental health and alcohol services.

2. State Labor Assistance Agency

At present, there is no formal state level coordination between the ADAD and labor assistance. There are, however, a variety of formal and informal arrangements between local treatment programs and local employment agencies.

The Statewide Services Contract, which established drug abuse services in Billings, contains provisions requiring that employment services be provided to clients in treatment. All future programs established through this contract mechanism will require the same provisions.

3. Department of Justice

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions and the Law Enforcement Services Division of the Montana Department of Justice. The law enforcement detection laboratory in Missoula analyzes blood, urine and other body fluids submitted by law enforcement agencies and alcohol and drug programs throughout the state. The Alcohol and Drug Abuse Division contracts with the detection laboratory for analysis services because without the expert testimony and proof developed by the detection laboratory, Montana cannot enforce existing DWI laws.

Coordination with the Montana Board of Crime Control has resulted in cooperative funding of alcohol and drug abuse services for residents of three state correctional institutions.

The ADAD and the Montana Board of Crime Control have effectively shared planning information and statistical data in development of the Montana Comprehensive Plan for Criminal Justice Improvement and the annual State Plan for Alcohol and Drug Abuse.

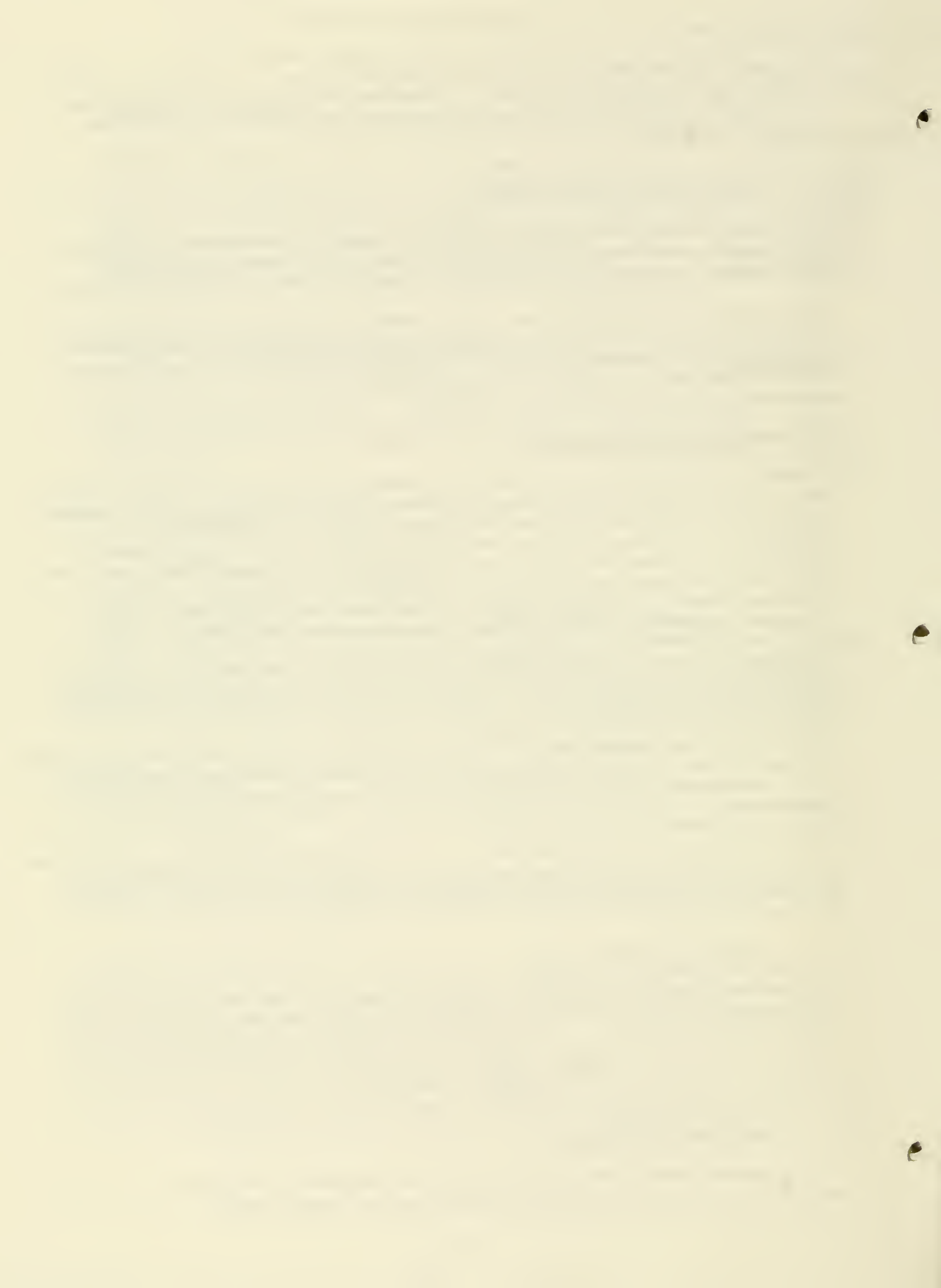
DWI court schools were implemented in FY78 throughout Montana as a joint effort of the Alcohol and Drug Abuse Division; the Highway Patrol Bureau, Department of Justice; and the Department of Community Affairs.

4. Vocational Rehabilitation

Utilization of vocational rehabilitation resources by alcohol and drug clients is limited by the nature of regulations and guidelines established for this agency. In the past year, 16 persons were referred to community alcohol and drug programs from Vocational Rehabilitation and 11 clients were referred to Vocational Rehabilitation by community programs.

5. Department of Education

Local programs work closely with local school systems in developing and implementing education and prevention services geared toward youth.



The ADAD Prevention Section has coordinated with the State Superintendent of Public Instruction and the State Board of Education in development of alcohol and drug curricula to be used in grades Kindergarten through twelve.

The ADAD utilizes colleges and universities throughout the state as locations for training events.

6. Relationship to Montana Health Systems Agency, Inc. and State Health Coordinating Council

The Montana Health Systems Agency, Inc. (MHSA) has been in operation for less than two years and presently functions under conditional designation status. Because the MHSA functions as a single state health systems agency, the functional responsibility of the State Health Coordinating Council (SHCC) and the MHSA Executive Committee has been combined.

To facilitate planning, the Alcohol and Drug Abuse Division (ADAD) coordinates preparation of the annual alcohol and drug plan with the State Department of Health, Health Planning and Resource Development Bureau. Planning information is shared, as required, for development of the State Plan for Alcohol and Drugs and relevant components of Montana's State Health Plan.

The ADAD also assisted in preparation of the alcohol and drug abuse sections in the Health Systems Plan developed by the MHSA and the Department of Health and Environmental Sciences. Acting as resource persons, staff members from the ADAD participated in public reviews of the alcohol and drug components of the Health Systems Plan.

The Montana Health Systems Agency will review and comment on the annual State Plan for Alcohol and Drugs. When the MHSA receives official designation from HEW, they will participate in review and approval of the plan.

C. Proposed FY79 Activities

The relative success of utilizing a uniform regional planning format in development of regional plans has prompted the ADAD Planning section to work towards refining and continuing this process. Timelines for gathering information for the FY79 Plan were not sufficient, due mainly to the fact that the ADAD planning position was not filled until March. Planning aids and a refined uniform planning format, which meets NIAAA and NIDA criteria, will be completed by December, 1978 and regional planning meetings will be held by February 1979.

Publication and distribution of the Division newsletter, "The Habit" has become a function of the planning section. The newsletter serves as an important communication medium between the State Office and community alcohol and drug programs. During FY79, "The Habit" distribution list will be expanded to include some law enforcement agencies and education authorities in coordination with the ADAD prevention section.

An ongoing function of the planning section is the development of proposals for continued and additional funding. The Division, in the past, because

of lack of staff has not been able to adequately respond to requests for proposals; however, this responsibility will now become a part of the planning section and should enable the Division to actively seek available funds. The ADAD will also provide technical assistance to local programs in developing funding proposals.

D. FY79 Work Plan

Objective 1 - To provide a comprehensive means of assessing the needs of Montana for substance abuse services and develop and update an Annual State Plan to meet identified needs.

Method

- a) Finalize the combined FY79 State Plan for Alcohol and Drug Abuse and submit to NIAAA and NIDA by July 31, 1978.
- b) Refine planning aids, materials and uniform regional planning format, which meet NIDA/NIAAA criteria, for use by regional planners by December 1978.
- c) Issue contracts to five regional planners in coordination with established Regional Alcohol and Drug Boards for development of uniform regional plans by February 1, 1979.
- d) Coordinate and schedule input of performance documentation, cost data, and relevant statistical information required for regional and state plans by February 1979.
- e) Meet with regional planners in all five regions to facilitate planning process by February 28, 1979.
- f) Assist in development of five regional plans which contain all necessary plan input for inclusion in the FY80 State Alcohol and Drug Plan by March 1, 1979.
- g) Utilize regional plan priorities to develop state plan priorities by April 1, 1979.
- h) Prepare an annual plan draft for review by the State Advisory Council, Montana Health Systems Agency, State Health Coordinating Council, and general public by May 1, 1979.
- i) Prepare a final plan draft which incorporates review findings and recommendations and obtain A-95 review sign off by June 1979.
- j) Coordinate design and printing of annual state plan and submit to NIAAA and NIDA by July 31, 1979.

Objective 2 - Publish and distribute the Alcohol and Drug Abuse Division newsletter, "The Habit".

Method

- a) Formalize an agreement with outside contractor for writing, editing

publication and distribution of newsletter by July 31, 1978.

- b) Ensure that Habit is published and distributed bi-monthly - ongoing.
- c) Assist in expanding Habit distribution list by 300 to include some law enforcement agencies and some education authorities in coordination with ADAD Prevention Section by January 1979.

Objective 3 - To develop federal/state grant proposals for Division and provide technical assistance to local programs in developing grants/contracts.

Method

- a) Assist Rimrock in preparing Statewide Services Contract continuation application for drug abuse services in Region III by December 1978.
- b) Finalize Statewide Services Contract in coordination with the Community and Program Development Bureau Chief and submit to NIDA by January, 1979.
- c) Prepare and finalize application for continued funding for Implementation of the Uniform Alcoholism and Intoxication Act program - to be submitted to NIAAA by June 1979.
- d) Identify and prepare funding proposals for Division as deemed appropriate - ongoing.
- e) Provide technical assistance to local programs in developing grants/contracts upon request - ongoing.

III. TECHNICAL ASSISTANCE FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - To provide technical assistance on-site to a minimum of thirty (30) alcohol treatment programs.

Since July 1, 1977 thirty five (35) technical assistance visits were made to existing alcohol programs and twenty-six (26) technical assistance visits were made to programs seeking initial approval. It is important to note that, a program must obtain state approval to be eligible for funds available from the alcohol tax; therefore, the technical assistance section utilizes a systematic plan and schedules technical assistance to all new programs seeking state approval.

Objective 2 - To implement a uniform client record keeping system for all state approved alcoholism programs by January 1979.

Due to the vast number of new programs seeking state approval in FY 1978, resulting from the new source of tax monies available for alcoholism treatment, full implementation of the uniform client record keeping system was delayed. The forms for the system have been designed and the system is now being pilot tested. Full implementation of the new system will begin in FY79. This objective will be carried over to the FY79 action plan.

Objective 3 - To provide technical assistance to all drug abuse treatment programs.

Technical assistance has been provided to all five treatment centers of Southwest Montana Drug Program (SMDP) and the chemical dependency program at Montana State Prison by a minimum of one monthly visit to each by the Administrative Director of SMDP, and the Director of Treatment and Rehabilitation. Technical assistance has also been provided to Rimrock Guidance Foundation, funded by the Statewide Services Contract, by the SMDP Regional office in Butte. This association has been in the form of an orientation to the policies and procedures used by SMDP in the treatment and rehabilitation of clients.

B. FY79 Proposed Activities

The five regional plans were carefully reviewed by the Technical assistance section to identify specific local and regional needs. The areas of need most frequently cited in the plans were:

- Technical assistance in the data collection procedures and record keeping procedures
- Training in effective treatment planning

To more fully explain the interrelationship between the data collection system and the client record keeping system the technical assistance section

will train uniform record keeping procedures concurrent with the data collection system in cooperation with ADAD management information system personnel. Technical assistance regarding data collection will become an integral part of on-site technical assistance visits. The responsibility for record keeping procedures lies with the technical assistance section, Community and Program Development Bureau whereas training in data collection procedures is a responsibility of the management information section, Reporting and Evaluation Bureau. Coordination between the two bureaus in training and technical assistance of data collection and record keeping will enhance understanding and utilization of both systems.

In response to the need for more effective treatment planning skills the technical assistance section will provide assistance in treatment planning to all programs upon request. Also the Division Training section will offer a course entitled "Assessment Interviewing for Treatment Planning" three times during the upcoming year.

Technical assistance will be provided according to the following guidelines:

1. Existing State-Approved Alcohol Programs

The ADAD will not schedule technical assistance visits to approved alcohol programs prior to a comprehensive on-site evaluation.

Programs in which deficiencies have been noted as a result of evaluations will be contacted and scheduled for technical assistance to help resolve weaknesses. If an approved program feels assistance is required prior to the evaluation it will be provided upon written request. Technical assistance will be provided in any area of specific need upon written request.

2. Programs Seeking Initial State Approval

The ADAD will continue to provide technical assistance to programs seeking initial approval.

3. Drug Programs

Technical assistance to satellite centers of Southwest Montana Drug Program is coordinated by the Administrative Director of SMDP and will be provided at a minimum of once per month. Technical assistance to Rimrock Guidance Foundation and Lighthouse is also coordinated through the Administrative Director of SMDP and will be provided upon request or as determined to be appropriate.

C. FY79 Work Plan

Objective 1 - To provide technical assistance as required and needed to all alcohol and drug programs in Montana.

Method

- a) To provide on-site technical assistance to 46 existing alcohol and three drug programs based on the results of the evaluations and focused on identified deficiencies. Ongoing.

- b) To provide technical assistance to alcohol programs seeking initial approval. Ongoing, contingent upon request.
- c) To provide technical assistance in special areas, e.g., treatment planning, goals and objectives, data collection, planning, etc., to all alcohol programs and drug programs or concerned groups upon request. Ongoing.
- d) To expand the quality of technical assistance through expanded knowledge of new and current trends in alcohol treatment and rehabilitation by attending Rutgers University School of Alcohol Studies June 25 - July 14.

Objective 2 - To implement a uniform client record keeping system statewide. Ongoing.

Method

- a) To complete the pilot test of the record keeping system by August 30, 1978.
- b) Distribute the revised record keeping system format for review and comment by September 6, 1978.
- c) Finalize the record keeping system format by October 15, 1978.
- d) Train all local alcohol program staff in implementation of the system by March 1, 1979.
- e) Monitor the system and evaluate its effectiveness by June 30, 1979.

Objective 3 - To provide the needed technical assistance interface as it pertains to data collection and record keeping.

Method

- a) To train the uniform record keeping system concurrent with the data collection system. Ongoing beginning July 1, 1978.
- b) To provide technical assistance regarding data collection procedures as an integral part of record keeping during on-site visits. Ongoing.
- c) To identify programs having difficulty with the reporting system via monthly reports and offer necessary technical assistance. Ongoing.
- d) To coordinate with the Reporting and Evaluation Bureau to enhance maximum understanding and utilization of both systems. Monthly.

IV. TREATMENT AND REHABILITATION FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - Continue to upgrade the delivery of alcohol and drug treatment and rehabilitation services statewide.

House Bill 627, which was passed by the 1977 Legislature, increased the tax on alcoholic beverages for the purpose of generating funds for approved alcoholism treatment programs throughout the state. As a result of increased revenue from the tax, 12 new alcoholism programs have been established; including inpatient treatment facilities in Glasgow and Missoula.

Alcoholism and drug abuse services were extended to residents of three state correctional institutions: Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

The ADAD's systematic program review process has been in effect for two years and has resulted in the upgrading of all statewide alcohol and drug treatment programs. Since initiation of the review process, all alcohol and drug programs have strived to meet review standards. Identified program deficiencies have decreased significantly in all programs during the past year; however, when deficiencies are noted, on-site technical assistance visits are scheduled to assist programs in resolving and correcting problem areas.

Objective 2 - Develop a womens treatment modality for Montana.

The Statewide Task Force on Women and Substance Abuse was formed in February, 1978 for the purpose of studying the alcohol and drug abuse problems facing Montana's women. Because the task force is in its initial phase of gathering and analyzing data, the State Advisory Council made a motion to table this objective pending recommendations from the task force.

The ADAD is, however, supporting individual efforts community programs have made in submitting proposals to NIAAA and NIDA for projects and activities specific to women.

The objective to develop a womens treatment modality for Montana will be carried over to FY79 action plan and will be contingent upon recommendations made by the Statewide Task Force on Women and Substance Abuse.

Objective 3 - Implement alcohol and drug treatment services in a minimum of three state correctional institutions.

In September 1977, the Division in cooperation with the Montana Board of Crime Control, initiated alcohol and drug abuse services for residents of Pine Hills School for Boys, Miles City; Swan River Youth Forest Camp, Swan River and Montana State Prison, Deer Lodge. Each institution is now staffed with a full time counselor who provides alcohol and drug abuse education, counseling and therapy for residents of these institutions. The counselors also coordinate supportive services for persons returning to their respective communities. Since September 1977 services have been provided to 73 residents.

Sixty-two (62%) percent of all clients receiving services at the correctional institutions report alcohol as their major drug of abuse followed by amphetamine abuse at 16%.

Objective 4 - To continue to administer the State Employee Assistance Program.

The ADAD continues to administer the Employee Assistance Program (EAP) for troubled State employees. The program offers counseling and referral services to state employees primarily within the Helena vicinity; personnel from state agencies not residing in this area are referred to local community programs.

The program offers referral assistance for personal problems relative to: medical and health, emotional difficulties, drug abuse, alcohol, legal, marriage, financial, family/children or other problems areas. The ADAD published a list of services provided by the Employee Assistance Program in the new State Telephone Directory as a means of advertising the program.

One of the primary objectives of the EAP is to disseminate information about the program by providing training and education to directors of state agencies about alcohol and drug related problems and advantages of utilizing the program for troubled employees. Administrators have been pleased with the assistance offered by the program in finding the appropriate referral for employees. Employee Assistance staff act as a liaison between the employee and the supervisor, and offer assistance to the supervisor as to the best approach in handling the situation. (See Table 15 for a breakdown of Employee Assistance activities).

Objective 5 - To implement a specifically designed treatment and rehabilitation program for drug and alcohol abusers who are recipients of federal Supplemental Security Income (SSI) payments.

In 1977 the Alcohol and Drug Abuse Division entered into a contract with the Social Security Administration to provide monitoring of all current alcohol and drug abusers who are recipients of Supplemental Security Income (SSI) allowances provided under Title XVI of the Social Security Act. The rationale for this project was the need for a qualified counselor to monitor, assist and develop positive recovery plans for these recipients with the goal of rehabilitation. The SSI caseload is presently thirty-seven (37) persons residing in all areas of the state.

B. State Capacities by Modality

Drug program Treatment matrices, environments, modalities and current funding levels are listed on the following page:

Program and Clinic Location	NIDA Slot Capacity	Environment	Modality
Southwest Montana Drug Program	budget total (direct costs)		\$ 504,727
- Anaconda	41	Drug Free	Outpatient
- Butte	81	Drug Free	Outpatient
- Helena	51	Drug Free	Outpatient
- Bozeman	70	Drug Free	Outpatient
- Missoula	50	Drug Free	Outpatient
Lighthouse	budget total (direct costs)		\$ 131,365
- Contracted to SMDP	10	Drug Free	Residential
- Uncontracted	5	Drug Free	Residential
Rimrock Foundation	budget total (direct costs)		\$ 38,261.25
	35	Drug Free	Outpatient

TABLE 15MONTANA STATE
EMPLOYEE ASSISTANCE PROGRAM

Time Frame	Number of Referrals	Referral Source		
		Self	Family	Employer
Sept.1977 - Feb.1978	103	27	11	65

<u>Problem Identity</u>	<u>Number</u>	<u>(Pct.%)</u>
Financial	8	(8%)
Physical	5	(5%)
Emotional	25	(24%)
Marital	7	(7%)
Legal	1	(1%)
Alcohol and/or Drugs	46	(45%)
Unknown	<u>11</u>	<u>(11%)</u>
TOTAL	103	(100%)

C. Alcohol Service Providers

Region I

HIGH PLAINS COUNCIL FOR DISTRICT 1

PO Box 852
Glasgow, MT 59230

Director: Ron Hjelmstad
Telephone: 228-9093

Outpatient

Satellite Offices:

Sheridan County Courthouse
Plentywood, MT 59254

Counselor: Nancy Tweeten
Telephone: 765-2361

Roosevelt County Courthouse
PO Box 357
Wolf Point, MT 59201

Counselor: Richard Green
Telephone: 653-2131

Daniels County Courthouse
Scobey, MT 59263

Counselor: Gordon Cornwell
Telephone: 487-5901

Phillips County Courthouse
PO Box 1052
Malta, MT 59538

Counselor: Phyllis Wimmer
Telephone: 654-2005

FRANCES MAHON DEACONESS HOSPITAL/
BIG SKY TREATMENT FACILITY

PO Box 4715
Glasgow, MT 59230

Director: Harry Knowlton
Telephone: 524-6281

Medical Detox, Inpatient Care

DISTRICT II PUBLIC ALCOHOLISM PROGRAM

Sheridan County Courthouse
Plentywood, MT 59254

Director: Ron Hjelmstad
Telephone: 765-2530

Outpatient

Satellite Offices:

Glendive Alcohol Satellite
Glendive Medical Center
Glendive, MT 59330

Counselor: Jack Pollari
Telephone: 365-5942

Sidney Alcohol Satellite
PO Box 868
Sidney, MT 59270

Counselor: Virginia Knapp
Telephone: 482-4097

Circle Alcohol Satellite
McCone County Courthouse
Circle, MT 59215

Counselor: Marta Nelson
Telephone: 485-2380

FORT PECK TRIBAL ALCOHOLISM PROGRAM
PO Box 307
Poplar, MT 59255

Director: Melvin Eagleman, Jr.
Telephone: 768-3852

Non-medical Detox, Intermediate Care, Outpatient

TRI-COUNTY ALCOHOL PROGRAM
10 W. Fallon Ave.
Baker, MT 59313

Director: Doug Austin
Telephone: 778-2944

Outpatient

CUSTER COUNTY ALCOHOL PROGRAM
Courthouse
Miles City, MT 59301

Director: Jim Irvin
Telephone: 232-6542

Outpatient

HOLY ROSARY HOSPITAL
2101 Clark
Miles City, MT 59301

Director:
Telephone: 232-2540

Anticipated program start-up July 1, 1978.

ROSEBUD COUNTY ALCOHOL PROGRAM
PO Box 251
Forsyth, MT 59327

Director: Harold Selvig
Telephone: 356-2670

Outpatient

PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301

Counselor: Bob Fry
Telephone: 232-1377

Outpatient - Correctional facility

NORTHERN CHEYENNE RESERVATION *
ALCOHOL PROGRAM
Lame Deer, MT 59043

Director: Paul Stevenson
Telephone: 477-6381

Non-medical Detox, Outpatient

REGIONAL ADDICTIVE DISEASES
RESOURCE SPECIALIST
Sheridan County Courthouse
Plentywood, MT 59254

Ron Hjelmstad
Telephone: 254-2530

REGIONAL PREVENTION/EDUCATION COORDINATOR
PO Box 224
Forsyth, MT 59327

Bob MacConnell
Telephone: 356-7313

*Not a State-approved program

Region II

MEDICINE PINE LODGE

PO Box 426
Browning, MT 59417

Director: Margaret Kennedy
Telephone: 338-7178

Non-medical Detox, Intermediate Care, Outpatient

FORT BELKNAP TRIBES ALCOHOL PROGRAM

Fort Belknap Reservation
Harlem, MT 59526

Director: Florence Cole
Telephone: 353-2205 Ext. 233, 234

Non-medical Detox, Intermediate Care, Outpatient

HILL-TOP RECOVERY CENTER

PO Box 750 - 1020 Assiniboine
Havre, MT 59501

Director: George Bowery
Telephone: 265-9665

Non-medical Detox, Intermediate Care, Outpatient

Satellite Offices:

PO Box 1384
Fort Benton, MT 59442

Counselor: Carol Richard
Telephone: 622-3625

350 O'Haire Blvd.
Shelby, MT 59474
(also serves Chester)

Counselor: Jackie Severson
Telephone: 434-5002

Box 1017
Chinook, MT 59523

Counselor: Mary Pyette
Telephone: 357-4129

416 Mtn. View Blvd.
Cut Bank, MT 59427

Counselor: Laurie Frisbee
Telephone: 873-5654

7 No. Maryland
Conrad, MT 59425

Counselor: Mike Waite
Telephone: 278-3849

PO Box 1151,
Choteau, MT 59422

Counselor: Barbara Taddonio
Telephone: 466-2542

PROVIDENCE ALCOHOLISM CENTER

920 4th Ave. North
Great Falls, MT 59401

Director: Dick Baumberger
Telephone: 727-2512

Intermediate Care, Outpatient

ROCKY BOY TRIBAL ALCOHOLISM PROGRAM*

Rocky Boy Route
Box Elder, MT 59521

Director: Clifford Sutherland
Telephone: 395-2736

*Not a State-approved program

Region III

RIMROCK GUIDANCE FOUNDATION

923 North 29th Street
Billings, MT 59101

Director: Bob Ross, Acting
Telephone: 248-3175

Medical Detox, Intermediate Care, Outpatient

SWEET GRASS COUNTY FOUNDATION**

PO Box 757
Big Timber, MT 59011

Director: Karen Clark
Telephone: 932-3611

STILLWATER ADDICTIVE DISEASES FOUNDATION**

Stillwater Community Hospital
Columbus, MT 59019

Director: Jack Casey
Telephone: 322-5245

CARBON COMMUNITIES SERVICES

PO Box 188
Red Lodge, MT 59068

Director: Roger DeBourg
Telephone: 446-2296

MUSSELSHELL COUNTY FOUNDATION**

926 4th St. West
Roundup, MT 59072

Director: Kay Pertile, Acting
Telephone: 323-1093

WHEATLAND FAMILY SERVICES***

Box 633
Harlowton, MT 59036

Director: John Horton
Telephone: 632-4778

GOLDEN VALLEY FOUNDATION***

PO Box 186
Ryegate, MT 59074

Director: John Horton
Telephone: 632-4430

Outpatient

ALCOHOL & DRUG SERVICES OF CENTRAL MT, INC.

PO Box 963
Lewistown, MT 59457

Director: Andy Anderson
Telephone: 538-8421

Outpatient

DAY BY DAY HALF WAY HOUSE*

28 Burlington
Billings, MT 59101

Director: Robert H. Kelleher
Telephone: 252-8521

Intermediate Care

CROW TRIBAL ALCOHOL PROGRAM*

PO Box 28
Crow Agency, MT 59022

Director: Harold Stone, Sr.
Telephone: 638-2662

*Not a State-approved program

**Approved through Rimrock Guidance Foundation

***Programs combined

SOUTH CENTRAL MT MENTAL HEALTH CENTER
1245 North 29th Street
Billings, MT 59101

Director: Bryce Hughett, M.D.
Telephone: 252-5650

Outpatient

Satellite Office

BIG HORN COUNTY ALCOHOL PROGRAM
PO Box 223
Hardin, MT 59034

Director: Jim Brown
Telephone: 665-3542

Region IV

SOUTHWESTERN MT ALCOHOLISM SERVICES

801 North Last Chance Gulch
Helena, MT 59601

Director: Jim Scott
Telephone: 442-0310

Intermediate Care, Outpatient

Satellite Offices:

Southwestern Alcoholism Services
512 Logan
Helena, MT 59601

Counselor: K. M. Roberts
Telephone: 442-8831

Steppingstone Alcoholism Program
South of Livingston
Livingston, MT 59047

Counselor: Wally Callahan
Telephone: 222-0795

Bozeman Problem Drinking Center
Room 316 - 1st National Bank Bldg.
Bozeman, MT 59715

Counselor: Chuck Heath
Telephone: 586-5493

Dillon Alcohol Services
State Bank & Trust Bldg., Rm. 7
Dillon, MT 59725

Counselor: Bob Keane
Telephone: 683-4305

PROBLEM DRINKING CENTER OF PARK COUNTY

PO Box 446 - 107 W. Calendar
Livingston, MT 59047

Director: Mary Long
Telephone: 222-2812

Outpatient

ALCOHOLISM SERVICE OF ANACONDA - DEER LODGE CO.

600 Oak, Community Hospital
Anaconda, MT 59711

Director: Vern "Brick" Clausen
Telephone: 563-6601

Outpatient

POWELL COUNTY ALCOHOLISM CENTER

309 Missouri
Deer Lodge, MT 59722

Director: Paul Miller
Telephone: 846-3442

Outpatient

SILVER BOW COUNTY ALCOHOL PROGRAM*

Courthouse
Butte, MT 59701

Director: Ed Shepherd
Telephone: 792-0224

GALEN STATE HOSPITAL AT&R

Rt. 1, Galen
Deer Lodge, MT 59722

Director: Don Holmes
Telephone: 693-2281

Medical Detox, Intermediate Care

BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701

Director: Ozzie Williamson
Telephone: 723-3648

Outpatient

LEWIS & CLARK ALCOHOLISM PROGRAM, INC.
410 9th Avenue
Helena, MT 59601

Director: Bob Keim
Telephone: 443-2343

Intermediate Care, Outpatient

CARE UNIT
Silver Bow General Hospital
Continental Drive
Butte, MT 59701

Director: Robert Farren
Telephone: 723-4341

Medical Detox, Intermediate Care, Inpatient Care

MONTANA STATE PRISON
CHEMICAL DEPENDENCY PROGRAM
Deer Lodge, MT 59722

Counselor: Robert McKinnon
Telephone: 843-1320

Outpatient - Correctional facility

Region V

ALCOHOL ACTION SERVICES, INC.*

612 S. Higgins Ave.

Missoula, MT 59801

Director: Marie Morton

Telephone: 728-7712

Outpatient

Satellite Office:

Alcohol Action Services, Inc.

PO Box 745

Superior, MT 59872

Counselor: Jeannie Hankinson

Telephone: 822-4961

RAVALLI COUNTY CHEMICAL DEPENDENCY SERVICES, INC.

PO Box 1121,

Hamilton, MT 59840

Director: Vic Evered

Telephone: 363-3060

Outpatient

MISSOULA INDIAN ALCOHOL & DRUG PROGRAM

401 W. Railroad

Missoula, MT 59801

Director: Tom Jones

Telephone: 721-2700

FLATHEAD ALCOHOLISM & DRUG ABUSE CENTER

PO Box 270

Ronan, MT 59860

Director: Harold (Sarge) Campbell

Telephone: 676-0596

Non-medical Detox, Intermediate Care, Outpatient

ALCOHOL SERVICE CENTER OF LINCOLN COUNTY

PO Box 756

Libby, MT 59923

Director: Royce Gilbertson

Telephone: 293-7731

Outpatient

Satellite Offices:

Methodist Church

Main Street

Troy, MT 59735

Counselor: Kenneth Janicke

Telephone: 295-4135

City-County Building

Eureka, MT 59417

Counselor: Karen Lancey

Telephone: 296-2822

ALCOHOL SERVICE CENTER, INC.

944 S. Main

Kalispell, MT 59901

Director: Vacant

Telephone: 755-6453

Non-medical Detox, Outpatient

MISSOULA GENERAL HOSPITAL

300 N. Second Street

Missoula, MT 59801

Director: Melvin Johnson, M.D.

Telephone: 542-2191

Medical Detox Inpatient Care

*Program not funded for treatment after 6/30/78

SANDERS COUNTY CHEMICAL DEPENDENCY PROGRAM

PO Box 940
Thompson Falls, MT 59873

Director: Ty Humble
Telephone: 827-4241

Outpatient:

Satellite Office:

PO Box 176
Hot Springs, MT 59845

Counselor: Judith E. Holyk
Telephone: 741-2334

REGIONAL CHEMICAL DEPENDENCY PROGRAM

PO Box 7158
Missoula, MT 59801

Director: Rowan Conrad
Telephone: 543-3550

Anticipated 7/1/78

SWAN RIVER YOUTH FORREST CAMP
CHEMICAL DEPENDENCY PROGRAM

PO Box 99
Swan Lake, MT 59911

Counselor: John Brekke
Telephone: 754-2292

Outpatient - Correctional facility

REGIONAL ADDICTIVE DISEASES
RESOURCE SPECIALIST

Regional V Alcohol & Drug Council, Inc.
407 Main Street
Polson, MT 59860

Ken Anderson
Telephone: 883-2600

D. Drug Service Providers

SOUTHWESTERN MT DRUG PROGRAM
Administrative Office
Department of Institutions
1539 11th Ave.
Helena, MT 59601

Phone: 449-2827
Administrative Director:
Darryl Bruno

Regional Office
64 W. Broadway
Butte, MT 59701

Phone: 723-6519
Director of Treatment &
Rehabilitation: Dick Rice

Satellite Offices:

CHANGES
64 W. Broadway
Butte, MT 59701

Phone: 723-6519
Director: Bob Butorovich

PLACER STREET
Helena Drug Treatment Center
19 E. Placer
Helena, MT 59601

Phone: 449-2524
Director: Glenn Harwell

OPEN DOOR
122 East Park
PO Box 758
Anaconda, MT 59722

Phone: 563-5248
Director: Mike Stevenson

MISSOULA DRUG TREATMENT PROGRAM
910 Kensington
Missoula, MT 59801

Phone: 721-2032
Director: Susan Rangitsch

GALLATIN COUNCIL ON HEALTH & DRUGS
PO Box 1375
Bozeman, MT 59715

Phone: 587-1238
Director: Don Kinzie

LIGHTHOUSE
Residential Drug Treatment Center
Rt. 1 - Galen
Deer Lodge, MT 59722

Phone: 693-2281 ext. 3265
Director: John Weida

RIMROCK GUIDANCE FOUNDATION
923 North 29th Street
Billings, MT 59101

Phone: 248-3175
Director: Bob Ross, Acting

E. FY79 Proposed Activities

1. Alcohol Programs

The regional plans which delineated treatment needs and priorities of each region were reviewed by the ADAD and the State Advisory Council. All regions expressed a need for transitional living facilities; however, due to funding availability for the next fiscal year, no new projects will be established and very few services will be expanded. In recognition of the apparent need to consider establishment of transitional facilities the Division will first determine if development of such facilities is desirable and, if appropriate, will make recommendations to the State Advisory Council as to whether transitional living facilities should be considered for funding next year.

The Department received grant applications requesting 2.7 million dollars, with budgets totalling 5.8 million, which exceeded available funds by approximately 1.5 million. Recommendations for funding of alcoholism services from alcohol tax monies were made by the grant review committee, the administrator of the Alcohol and Drug Abuse Division, the State Advisory Council and the Director of the Department of Institutions. The priority for funding in FY79 was to maintain existing services and programs. (Exhibit 8 delineates funding recommendations for FY79).

It is anticipated that non-medical detoxification services will be established in Great Falls with funding from NIAAA's incentive grant for assistance in implementation of the Montana Uniform Intoxication Act. The detoxification program will result in provision of services to Cascade County, an urban catchment area of greater than 80,000 population. At this time, Cascade County utilizes high cost hospital-based detoxification services as non-medical detoxification services are not available. One of the recommendations in the 1978 Montana Health Systems Plan component for alcohol services was that "non-medical detoxification capabilities should be developed in Great Falls to serve as an alternative to the high cost of health care". Establishment of a non-medical detoxification program in Great Falls also responds to Recommendation X, of a study prepared for the Alcohol and Drug Abuse Division on "The Alcoholic, Law Enforcement and the Uniform Act in Montana". (See Criminal Justice Functional Plan.)

Program effectiveness was also a commonly expressed concern at local and regional levels. In the upcoming year the Division will stress documentation of follow-up information as a means of establishing a data base so that a method of evaluating client changes, as a result of participation in a treatment program, can be developed.

2. Drug Programs

An objective of the Alcohol and Drug Abuse Division is to continue implementing the Federal Funding Criteria with a static caseload of 293 outpatient drug free clients and ten residential drug free clients.

The Administrative Director of Southwest Montana Drug Program will encourage all satellite centers to establish prospective client waiting lists. By operating at full capacity, requests for more funding from the State Legislature can be more strongly justified as can the need for additional treatment slots.

FY 79 State - Approved Alcohol Programs Utilizing Funding Generated by Taxation on Alcoholic Beverages (80-2725)

Region I

Program Name	Budget Requested		Committee Recommendation		Advisory Council Recommendation		ADAD Administration Recommendation		Director of Department of Institutions	
	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL
High Plains Council for District I.	47,440 -	105,840 -	11,367 -	71,014 -	11,367 -	71,014 -	11,367 -	71,014 -	11,367 -	71,014 -
District II Alcohol & Drug Program	42,801 -	78,651 -	23,435 -	60,000 -	23,435 -	60,000 -	29,900 -	66,666 ¹ -	29,900 -	66,666 -
Tri-County - Baker.	19,973 -	29,851 -	15,626 -	25,504 -	15,626 -	25,504 -	15,626 -	25,504 ² -	15,626 -	25,504 -
Ouster County Program	25,720 -	19,440 -	18,565 -	41,339 -	18,565 -	41,339 -	18,565 -	41,339 ² -	18,565 -	41,339 -
Rosebud County Program.	7,420 -	20,420 -	6,409 -	17,936 -	6,409 -	17,936 -	6,409 -	17,936 -	6,409 -	17,936 -
Frances Marion Deaconess Chemical Dependency Program	541,320 -	541,320 -	327,419	353,419	275,419 ³	353,419 -	275,419 - (+52,000)	353,419 -	305,419 -	383,419 -
*Frances Marion Deaconess Chemical Dependency (Expansion)	84,055 -	84,055 -	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
St. Mary's Hospital. (Miles City)	90,000 -	228,954 ⁴								
1- Recommend additional counselor 2- Recommend change in area served 3- Review 3rd party collections 11/1/78 4- Second priority; review if funding available after first priority items										
*New Program - not recommended for funding										

FY '79 Status - Approved Alcohol Programs Utilizing Funding Generated by Taxation on Alcoholic Beverages (80-2725)

Region II

Program Name	Budget Requested		Committee Recommendation		Advisory Council Recommendation		ADAD Administration Recommendation		Director of Department of Institutions	
	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL
Medicine Pine Lodge Browning (Blackfeet Indian Pro.)	46,874 -	217,486 -	10,977 -	164,905 -	15,986 -	169,910 -	15,986 -	169,910 -	15,986 -	169,910 -
Ft. Belknap Tribes Alcoholism Program . .	44,987 -	140,913 -	7,520 -	103,508 -	9,426 -	103,508 -	9,426 -	103,508 -	9,426 -	103,508 -
Hill-Top Recovery Center (Havre)	152,309 -	279,400 -	44,647 -	207,224 -	44,647 -	207,224 -	48,534 ⁵ -	211,111 -	53,245 -	211,116 -
Providence Alcoholism Center (Great Falls) . .	150,728 -	339,032 -	42,631 -	230,935 -	42,631 -	230,935 -	45,529 ⁶ -	233,833 -	45,529 -	233,833 -
*The Castle (Havre) . .	65,226 -	65,226 -	(not an approved program)				-0-	-0-		
5- Recommend additional 1/2 clerical pos. 6- Correct salary for bookkeeper/data coordinator to current salary + 5% increase										
*New program - not recommended for funding										

FY 79 State - Approved Alcohol Programs Utilizing Funding Generated by Taxation on Alcoholic Beverages (80-2725)

Region III

Program Name	Budget Requested		Committee Recommendation		Advisory Council Recommendation		ADAD Administration Recommendation		Director of Department of Institutions	
	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL
Rimrock Guidance Foundation (Billings, Red Lodge, Roundup, Columbus Big Timber)	202,064 -	593,865 -	68,469 -	446,197 -	68,469 -	446,197 -	74,562 ⁷ -	452,290 -	74,562 -	452,290 -
Alcohol & Drug Services of Central MT (Lewistown, Stanford, Winnett). . .	42,526 -	68,172 -	23,386 -	46,660 -	23,386 -	46,660 -	23,386 -	46,660 -	23,386 -	46,660 -
Wheatland Family Services (Harlowton & Roundup). . .	37,684 -	44,207 -	22,117 -	29,981 -	22,117 -	29,981 -	22,117 -	29,981 -	22,117 -	29,981 -
Big Horn County Alcohol Program	24,495 -	32,456 -	no action taken by Committee or Council				14,000 ⁸ -	14,000 -	—	—
*Day by Day (31gs). . . .	79,473 -	89,473 -	Review not completed. No recommendation considered.				-0-	-0-	—	—
SCentral MT MH Center . . . (Bigs.)	31,225 -	no figures	Program not State-approved. No review or recommendation.				-0-	-0-	—	—
No. Cheyenne.	55,000 -	154,112 -								
7- Adjusted regional service cost; this recommendation contingent upon service to a 4 county area 8- Amount to be set aside 14,000 for contract 1/1/79										
Exhibit 8C										
*New program - not recommended for funding.										

*New program - not recommended for funding.

To ensure provision of services to drug abusers in Region III, the ADAD will assist Rimrock Guidance Foundation in preparation of a funding proposal for continuation of the NIDA Statewide Services Contract.

To determine the effectiveness of treatment services delivered by SMDP the program will contract for the development of a self evaluation program. Once the package has been developed, SMDP will utilize the evaluation procedures to analyze program effectiveness and to measure outcomes on an ongoing basis.

SMDP counseling staff have identified a need for more skill development for increasing the purpose of scope of treatment activities when treating rural drug abusers. The SMDP Administrative Director will encourage staff, at their expense, to attend any job related training focused upon skill building by granting a leave of absence with pay whenever possible. SMDP will make available to all counseling staff, equipment to be used by clients for group and individual games, camping, picnicing, sewing and artwork.

3. Special Programs

The increased caseload of the Employee Assistance Program during FY78 has necessitated a widening of the Program's scope. The employee assistance staff will draft a revised policy statement delineating procedures for handling troubled employees for review and final approval of the Governor. The policy statement will serve as a standard personnel procedure for supervisors to follow when dealing with troubled employees.

ADAD employee assistance staff will train administrators and supervisors to be aware of problems with alcohol and drug abuse, particularly the symptoms of the early stages of alcoholism. Administrators and supervisors will also receive training in the procedures to be followed when referring a troubled employee to the Employee Assistance Program.

An effort will be made to emphasize the rights of the troubled employee and to ensure that those rights are not compromised in terms of job security and promotional opportunities.

Educational opportunities will be made available to private business and industry to promote a better understanding of alcohol and drug abuse.

The ADAD Employee Assistance Program will continue to address the need for rehabilitation of Supplemental Security Income (SSI) recipients who have been referred to the Program by the Social Security Agency. Employee Assistance staff will provide diagnostic evaluation, treatment planning and monitoring of the rehabilitative process.

4. Prison Programs

The Division, in coordination with the Montana Board of Crime Control, will continue to assist in the support of substance abuse programs located within correctional institutions. Technical assistance will be provided to these programs by the ADAD.

F. FY Work Plan

Objective 1 - To contract with substance abuse service providers to ensure delivery of services in FY79 by July 1, 1978.

Objective 2 - To determine need for transitional living facilities and, if appropriate, recommend where these services should be established.

Method

- a) Analyze need for transitional living facilities based upon statistical data and expressed regional needs by April 1979.
- b) If appropriate, make recommendations to State Advisory Council, as to where such facilities should be established by May 1979.

Objective 3 - Develop methods to measure program effectiveness by June 1979.

Method

- a) Stress need for documentation of follow-up data at the community program level through on-site program review starting July 1978.
- b) Develop method to assist local programs in documenting and establishing follow-up data base by July 1978.
- c) Develop method to measure change between client intake and follow-up by July 1979.

Objective 4 - To continue to implement the Federal Funding Criteria of a static caseload of 293 outpatient drug free clients and 10 residential drug free clients.

Method

- a) To have in treatment a static caseload of 288 clients, (95% matrix) by July 31, 1978.
- b) To have in treatment a static caseload of 303 clients (100% matrix) by October 31, 1978 and have a waiting list established in all 5 treatment units.
- c) To assist Rimrock Guidance Foundation in preparing contract proposal to NIAAA for continuing services offered to drug abusers in Region III by December, 1978.

Objective 5 - To implement the development of a self-evaluation package which will determine the success of SMDP treatment services by August 1978.

Objective 6 - To increase the scope of treatment activities SMDP staff can use when treating rural drug abusers.

Method

- a) SMDP will encourage staff, at their expense to attend any job related training focused upon skill building by granting leave of absence with pay when possible - ongoing.
- b) Make available to all SMDP counseling staff equipment to be used by clients for group and individual games, camping, picnicing, sewing and artwork.

Objective 7 - To have working by July 1, 1978 a minimum of one half-time prevention and education specialist serving the SMDP catchment area located at the Butte regional office.

Objective 8 - SMDP to renegotiate and execute agreements with the following agencies and service providers by November 1, 1978.

Method

- a) Lease agreement in Butte, Anaconda and Helena.
- b) Medical services agreement with Dr. Seliskar, Dr. Good, Butte Family Services and all major hospitals in the SMDP catchment area.
- c) Psychological service agreements with Montana's Regional Mental Health Centers.
- d) Affiliate agreements with the Gallatin Council on Health and Drugs and the Regional Chemical Dependency Program in Missoula.

Objective 9 - To provide assistance through the ADAD Employee Assistance Program for troubled employees of Montana State government, local government agencies and private business and industry within the State.

Method

- a) To assist in developing a broad policy statement for the State of Montana by August 1, 1978.
- b) Provide training and education for administrators and supervisors to enable them to identify and refer troubled employees, commencing in August 1978 and to be ongoing.
- c) Provide assistance to community programs in plan development and implementation of Occupational Program assistance to governmental units and businesses of their communities as an ongoing function.

Objective 10 - To continue specifically designed treatment and rehabilitation program for drug abusers and alcoholics that are recipients of federal Supplemental Security Income payments (SSI).

Method

- a) Accept referrals of S.S.I. claimants from Social Security Administration in the categories of drug abusers and alcoholics - ongoing.
- b) Provide diagnosis evaluation of clients and provide input for eligibility determination - ongoing.
- c) In conjunction with client, arrive at a rehabilitative diagnosis, plan for appropriate treatment and assure the delivery of services. After completing treatment model, assist client in obtaining employment - ongoing.

Objective 11 - Continue to provide substance abuse services to residents of correctional institutions: Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

Method

- a) Coordinate with Crime Control to develop new contracts with these institutions by September 1978.
- b) Provide technical assistance to programs upon request - ongoing.

V. MANAGEMENT INFORMATION SYSTEMS FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - Fulfill Integrated Drug Abuse Reporting Process (IDARP) contract requirements by managing and maintaining the Client Oriented Data Acquisition Process (CODAP), National Drug Abuse Treatment Utilization System (NDATUS) and State Alcohol Profile Information System (SAPIS).

The ADAD continued to fulfill IDARP contract requirements by receiving, editing and validating CODAP information from all statewide drug programs and forwarding accurate and timely data to NIDA. The ADAD provides technical assistance in data collection procedures on an ongoing basis and when report deficiencies are noted.

All tasks related to participation in the National Drug Abuse Treatment Utilization Survey (NDATUS) and the State Alcohol Profile Information System (SAPIS) were accomplished within the time frames designated by NIDA and NIAAA.

Incoming data from the CODAP system is analyzed utilizing the Statistical Package for the Social Sciences (SPSS) computer package. Implementation of SPSS, in FY'78, has enabled special data and trend analysis.

Technical assistance was provided to the ADAD by Richard Katon and Associates, Inc., a NIDA consultant, for the purpose of determining state needs for best utilization in applying different data processing techniques for CODAP and Alcohol Information System data analysis utilizing SPSS.

Objective 2 - Develop timely and improved CODAP data output reports for state and program management.

In the past, Montana had to rely on magnetic tapes sent from NIDA before output reports could be prepared. Because there was normally two to three months between the time of data submission to NIDA and receipt of Montana's tapes, preparation of useful and timely output reports was a problem. To expedite generation of output reports, in September 1977, the ADAD began to prepare tapes in-state. Preparation of tapes within the ADAD has improved the Division's ability to produce timely output reports necessary for program planning, management and evaluation.

Objective 3 - To complete the pilot test of the Alcohol Information System (AIS) by July 1977, to revise and implement the AIS by October 1977; and to adequately maintain the system - Ongoing.

The pilot test of the alcohol management information system was completed in July, 1977; necessary programming revisions were made as a result of the pilot test and the system was fully implemented in all state approved alcohol programs in September 1977. All statewide alcohol programs must report on the AIS as a condition of state approval.

Prior to system implementation, regional training sessions were held to train alcohol personnel in data collection procedures. Ongoing training of the system is viewed as a priority to ensure accurate and timely data.

A monthly output report, summarizing data derived from the AIS, is sent to local programs on a monthly basis. The Division is now in the process of developing more comprehensive output reports for use at State and local levels.

Information collected on the AIS is also analyzed utilizing the Statistical Package for the Social Sciences. The SPSS computer package has enabled the ADAD to respond to special data requests; whereas, prior to FY'78, all data was compiled manually which limited the number of requests to which the ADAD could respond.

Objective 4 - Develop a complete and updated state drug and alcohol service provider inventory by June 1978.

A complete drug and alcohol service provider inventory is now being developed by utilizing the NDATUS survey and should be completed by June 1978.

Objective 5 - Investigate the feasibility of application of financial management information system documentation to Montana's need.

The feasibility of applying financial management information system documentation to the state's reporting system was determined to be too costly and time consuming. The priority in the previous year was to fully implement the alcohol information system and to train alcohol personnel in its utilization. The ADAD will continue to explore the possibility of expanding the management information systems to include financial information but due to lack of staff and resources this task has assumed a low priority.

B. FY79 Proposed Activities

The Alcohol and Drug Abuse Division will continue to maintain the Client Oriented Data Acquisition Process (CODAP) for all drug abuse programs and the Alcohol Information System (AIS) for all state approved alcoholism programs. In addition to the ongoing alcohol and drug reporting systems the ADAD will complete NIDA's National Drug Abuse Treatment Utilization Survey (NDATUS) and NIAAA's State Alcohol Profile Information System (SAPIS) within time frames designated by the Institutes.

All regional plans indicated a need for more training in data reporting procedures and assistance in utilization of data output reports. In coordination with the Community and Program Development Bureau, Technical Assistance Section, the ADAD Reporting and Evaluation Bureau will provide more training in all aspects of the management information systems.

The ADAD will again request technical assistance from NIDA and NIAAA concerning management information systems and data analysis techniques. Development of routine monthly and quarterly output reports for use by all state approved substance abuse programs is a consistently expressed local and regional need as well as a state priority. The ADAD recognizes the importance of timely, useful data for purposes of program planning, management and evaluation.

The state office maintains two separate reporting systems, the AIS for alcoholism programs and CODAP for drug programs. A problem which has been noted with the alcohol management information system is that there is no provision for reporting poly drug problems other than alcohol. In the ensuing year, the Reporting and Evaluation Bureau, Management Information Section, will revise the AIS to gather and document clients entering alcoholism treatment programs with poly drug abuse problems.

As of April 1978, the Montana Highway Patrol began enforcement of the provision regarding the Montana court school (DWI) attendance as a condition of entitlement to a probationary drivers license. For management purposes, the Division intends to collect and analyze statistical information regarding persons attending the DWI court schools by integrating the DWI data collection process into the existing state alcohol management information system. The ADAD will also analyze the impact of the court schools as an intervention resource, and will determine the number of persons admitted to court schools who subsequently enter substance abuse treatment programs.

C. FY79 Work Plan

Objective 1 - Continue to manage and maintain client reporting and Management Information Systems of all substance abuse programs; including the Client Oriented Data Acquisition Process (CODAP), the Alcohol Information System (AIS), the National Drug Abuse Treatment Utilization Survey (NDATUS) and the State Alcohol Profile Information System (SAPIS).

Method

- a) Manage the flow of data from all reporting units to the Alcohol and Drug Abuse Division and ensure that federal data (CODAP, NDATUS, SAPIS) is submitted to NIAAA/NIDA in a timely and accurate manner. Ongoing.
- b) Receive, edit and validate all management information data (CODAP, AIS, NDATUS, SAPIS) from all state reporting units, pinpoint deficiencies and take necessary corrective action to produce consistent and timely data. Ongoing.
- c) Continually access and modify the information collection and validation process to assure a smooth operational flow of data. Ongoing.
- d) Continue to analyze incoming data, generate output reports and relate them to management needs of the ADAD and direct service providers. Ongoing.

- e) Assist local substance abuse programs in meeting all reporting and management information system (CODAP, AIS, NDATUS, SAPIS) requirements as outlined in the respective handbooks. Ongoing.
- f) Train treatment personnel in data collection and data utilization for CODAP, AIS, NDATUS, and SAPIS as required. Ongoing.
- g) Generate and distribute reports for state level program management. Ongoing.

Objective 2-Develop timely and improved data output reports (CODAP & AIS) for state and program management.

Method

- a) Continue to contact NIDA and NIAAA for technical assistance concerning management information systems and data utilization by August 1978.
- b) Continue to utilize the Statistical Package for the Social Services (SPSS) to produce statistical output reports. Ongoing.
- c) Develop routine monthly and quarterly SPSS output reports for the ADAD and all state approved substance abuse programs by October 1978.
- d) Generate additional data as requested by substance abuse programs on an individual basis. Ongoing.
- e) Train statewide substance abuse personnel in the utilization of data output reports for effective management purposes. Ongoing.

Objective 3 - Continually modify and update CODAP and AIS to ensure systems are meeting federal, state and local needs.

Method

- a) Revise AIS monthly summary report instructions by August 1978.
- b) Revise AIS to gather poly drug information by January 1979.
- c) Conduct needs assessments of local drug abuse programs to ensure CODAP is meeting program information needs by February 1979.
- d) Develop DWI reporting system utilizing AIS format to ensure monitoring of DWI programs by April 1979.

VI. RESEARCH AND EVALUATION FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - Conduct comprehensive on-site program reviews and evaluations of all alcohol and drug programs on an annual basis.

Comprehensive on-site program reviews are conducted of all drug abuse treatment programs and state approved alcoholism programs on an annual basis. Alcoholism programs are state approved or disapproved on an annual basis according to the program review criteria. A program must achieve and remain in approved status to qualify for state funding and county funds derived from the alcohol tax.

Program reviews (evaluations) are conducted by the Reporting and Evaluation Bureau Chief, Program Evaluator and when appropriate a Department fiscal analyst. Criteria for program reviews is based upon the procedures outlined in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse and Community Based Mental Health Programs.

The purpose of on-site program reviews is to:

- To improve program performance and client service levels.
- To help ensure statewide compliance with federal and state and federal standards.
- To help achieve efficiency and economy in program operations.
- To assist in determination of program funding levels and approval of contracts.
- To determine areas of needed technical assistance and training.
- To gather data for development of additional standards for program performance.

Staff of the Reporting and Evaluation Bureau prepare and maintain a program review schedule and program directors are notified well in advance of an on-site visit.

Following each program review, standard and complete reports are issued to the programs following the visits. A major accomplishment in FY78 was the design and implementation of a standardized program review format. (See Exhibit 9).

Programs are required to submit reports to the ADAD documenting that corrective actions have been taken to address weaknesses in accordance with a time schedule established by the ADAD. The Reporting and Evaluation Bureau maintains a follow-up file for the purpose of monitoring program compliance with regard to corrective action. In cooperation with the Community and Program Development Bureau, technical assistance procedures were recently changed to ensure that technical assistance is given following a monitoring visit to help correct any identified deficiencies.

The ADAD reviewed 26 existing alcohol programs and 12 alcoholism programs seeking initial approval. All drug abuse and prison programs were evaluated in FY78.

CODES

A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

1. Program Name: _____

2. Program Address: _____

3. Program Director: _____

4. Services Provided:

<input type="checkbox"/> Detox (medical)	<input type="checkbox"/> Intermediate Care
<input type="checkbox"/> Detox (non-medical)	<input type="checkbox"/> Outpatient
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Other _____ (Specify)

5. Type of Evaluation: _____

6. Evaluator(s) Name(s): _____

7. Date of Evaluation: _____

8. Status: ☐ Approved
☐ Approved with Conditions
☐ Unapproved

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CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

2. Development of all required personnel policies & procedures:	A B C	3. Meet as required, quorum present & minutes kept:	A B C
3. Development of financial & accounting procedures:	A B C	4. Governing Board monitoring & directing, (Advisory Board guiding & advising) Program operation:	A B C
4. Manuals developed, organized and in a ammendable format:	A B C	F. Facilities	
		1. Adequate facilities, large or small, clean & well maintained, safe:	A B C
5. Policies distributed to, and understood by all staff:	A B C	2. Licensed (Residential only):	A B C
6. Board, Director & Staff participation & approval:	A B C	3. Insurance:	A B C
E. Governing/Advisory Board		4. Security:	A B C
1. Bylaws &/or Policies:	A B C		
2. Responsible members representing community:	A B C	II. PERSONNEL MANAGEMENT & STAFF DEVELOPMENT.	
		A. Job Descriptions, Classification & Certification:	
		1. Job descriptions for each position:	A B C

EVALUATOR'S SIGNATURE _____

CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

2. Job descriptions complete & contain minimum qualifications:	A B C	3. Staff performance evaluations conducted & documented:	A B C
3. Classification system which differentiates between levels of responsibility:	A B C	C. Staff Development & Training	
		1. Training plan established & compliance with plan:	A B C
4. Personnel meet job description requirements:	A B C	2. Staff attending training & documentation of training received:	A B C
5. Staff meet state certification requirements or applied for:	A B C	3. New employee orientation & training:	A B C
6. Program documentation of staff certification needs:	A B C	D. Use of Volunteers	
		1. Selection criteria:	A B C
B. Personnel Files & Staff Performance Evaluation:		2. What services volunteers used for; & training criteria:	A B C
1. Personnel file for each employee:	A B C		
2. Contain all required items:	A B C	3. Volunteer hours recorded:	A B C

EVALUATOR'S SIGNATURE _____

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

E. Turn over Rate, Vacancies, Staff Availability & Staff Client Ratio

1. Waiting lists used & excessive:

A B C

2. Staff able to meet clients requests for services:

A B C

3. Professional Counseling Staff/Client Ratio:

A B C

4. Professional Staff Turnover Acceptable:

A B C

5. Vacant position filled in reasonable time:

A B C

F. Subcontracts & Service Agreements

1. Existence of written sub contracts or agreements for services that the program pays:

A B C

2. Do agreements contain minimum requirements:

A B C

III. CLIENT TREATMENT

A. Treatment Process & Services Provided:

1. Admission & Intake:

A B C

2. 24 hours, 7 days a week:

A B C

3. Referral:

A B C

4. Termination or Discharge:

A B C

5. Follow up or Aftercare:

A B C

6. Counseling:

A B C

7. Rehabilitation (vocational):

A B C

8. Community Education:

A B C

EVALUATOR'S SIGNATURE _____

CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

<p>9. Job Development & Placement: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>C. Outpatient</p> <p>1. Outreach Philosophy: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>10. Legal Services: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Outreach Activities: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11. Medical Services: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>D. Client Census & Reporting</p> <p>1. Does program report client, staff hours, & other data requested: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. Residential Programs</p> <p>1. Food Service: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Reported vs Documented Census: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. Recreation Service: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3. Bed Utilization: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Medical: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Length of Stay: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Personal Hygiene: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>E. Client Records</p> <p>1. Admission Date: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. Resident Admission Register: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Social (Personal) History: A B C</p> <p>_____</p> <p>_____</p> <p>_____</p>

EVALUATOR'S SIGNATURE _____

CODES

A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

A. Drug History (Drug Program):

A B C

B. Primary Drug of Abuse (Drug Programs):

A B C

3. Medical History:

A B C

A. Physical Exam (Drug):

A B C

B. Lab Tests:

A B C

4. Progress Notes:

A B C

5. Treatment Plan:

A B C

A. Treatment Plan Assessment:

A B C

6. Reasons for Termination:

A B C

7. Aftercare or Follow-up:

A B C

8. Referrals:

A B C

9. Client records organized & uniformly maintained:

A B C

10. Client records stored in locked file cabinets:

A B C

EVALUATOR'S SIGNATURE _____

At the present time only 1.5 staff persons are assigned to program reviews. The ADAD has one full time evaluator and utilizes the Reporting and Evaluation Bureau Chief half time for program monitoring; however, due to the large number of programs to be reviewed, approximately 43 , it has become a Division as well as Department priority to add another full-time evaluator.

In April, 1978 the Division underwent a comprehensive evaluation of management and administration methods by an outside consulting firm. The consultants recommended that an additional evaluation position be allocated to the ADAD and this recommendation is supported by the Office of Budget & Program Planning.

Objective 2 - Update evaluation guidelines and procedures as required.

Evaluation guidelines for program reviews were updated in the past year utilizing the Statewide Service Contract Review Manual (NIDA), and needs as perceived by local programs and ADAD staff. Follow-up and outcome measures were expanded for the purpose of assisting local programs in documenting follow-up visits and treatment outcomes; this aspect of program reviews will be stressed in FY79.

Program reviews, in FY78, also placed a higher priority on the need to complete treatment plan assessments at a minimum of every ninety (90) days.

Program review guidelines are updated on an ongoing basis to ensure that the ADAD evaluation program is meeting federal, state and local needs.

Objective 3 - Compare and correlate CODAP/AIS data with site visit evaluation data.

A significant aspect of program reviews is the verification of the reported number of clients served. Client census information is validated on-site utilizing the data reported on CODAP and AIS data collection forms. Program review data and management information data (AIS/CODAP) is used together with an assessment of community need and other criteria in determining allocation of funds.

Because information collected from the management information systems as an integral component of total ADAD program operation, it is viewed to be important to validate incoming data which is essential for effective program planning, management and evaluation at local, regional and state levels. The program review process will continue to emphasize the importance of accurate, verified data.

B. Internal Evaluation of the Alcohol and Drug Abuse Division

The internal evaluation of the ADAD is based upon the individual work plans presented in each functional section of the annual state plan. The time frames presented for each action objective are monitored by the Bureau Chief of Community and Program Development and by the Bureau Chief of Reporting and Evaluation as well as the respective section heads and unit leaders. The Division Administrator also monitors progress throughout the year.

The State Advisory Council on Alcohol and Drug Dependence continually reviews ADAD progress and makes necessary recommendations.

A comprehensive evaluation of ADAD operation was conducted in April 1978, by an outside consultant. Recommendations from their report are being implemented to correct weak areas.

Because the Division is responsible for providing overall direction and monitoring of community based alcohol and drug treatment programs and is also responsible for ensuring statewide program compliance with state and federal standards; results of program review site-visits are also considered to be indicators of ADAD performance.

C. FY79 Proposed Activities

The overall priority in this area for FY79 is to hire an additional program evaluator. Due to the large number of new programs established in FY78 it has become nearly impossible for present staff to conduct on-site program reviews in a timely manner. The Department of Institutions also recognizes and supports the need for another evaluator. In a final report prepared by a private consulting firm on the ADAD Management Methods, it was recommended that another position be created to assist in conducting on-site program reviews.

The ADAD, Reporting and Evaluation Bureau will continue to conduct annual comprehensive on-site evaluations of all state approved substance abuse programs utilizing the criteria and procedures published in the Evaluation Handbook. An evaluation report will be written within one week of the site visit. Technical assistance will be provided to programs after they have undergone a comprehensive program review to help resolve any identified deficiencies. To ensure program compliance with major recommendations made as a result of the evaluations, follow-up site visits will continue to be scheduled.

The effectiveness of the ADAD program evaluation procedures will be measured on a quarterly basis by the Reporting and Evaluation Bureau and procedures will be updated or revised as necessary. The Reporting and Evaluation Bureau also proposes to establish specific goals and objectives for program effectiveness and to monitor that information on an ongoing basis. In the past, the evaluations have emphasized the client treatment and management capabilities of substance abuse programs, however, now that all statewide programs are familiar with the ADAD evaluation procedure it is viewed as important to begin to measure outcomes and program success.

The ADAD will support research investigations and studies in the area of alcohol and drug abuse by assisting local programs in developing research grants or proposals.

D. FY79 Work Plan

Objective 1 - Conduct substance abuse program reviews and evaluations.

Method

- a) Prepare annual site visit schedule - July, 1978.
- b) Hire an additional program evaluator to assist in on-site program reviews by September 1978.
- c) Conduct site visit program reviews and evaluations on all 48 state approved substance abuse programs - Ongoing.
- d) Develop program review and evaluation reports - Ongoing - (within one week of site visit).
- e) Establish tickler file to document major recommendations and time tables for corrective action - Ongoing.
- f) Ensure that program evaluation reports are communicated and discussed with the technical assistance section of ADAD - Ongoing.
- g) Conduct follow-up site visits and maintain follow-up documentation to ensure compliance - Ongoing.
- h) Ensure that programs under NIDA Statewide Services Contracts are reviewed quarterly - October, January, April and July.

Objective 2 - Ensure that program reviews and evaluations are properly administered, documented and updated as required.

Method

- a) Review and measure the effectiveness of the ADAD's program review and evaluation procedures - quarterly.
- b) Make corrective changes in procedures and notify and train program personnel - Ongoing.
- c) Establish specific goals and objectives for program effectiveness and efficiency - August, 1978.
- d) Gather data and monitor information indicating program performance on each goal and objective - Ongoing.
- e) Maintain reports on program performance for all service providers and publish results showing performance status for each program.

Objective 3 - To conduct, sponsor and support research investigations and studies in the area of alcohol and drug abuse.

Method

- a) Develop cost per client data by treatment modality based on financial reporting and Client Information Systems - March, 1979.
- b) Develop and analyze special data based on females, youth and minorities within the state - Ongoing.
- c) Assist local programs in developing research grants or proposals - Ongoing.
- d) Continue to correlate substance abuse data with other health services data (Mental Health, Hospitals, and Social Rehabilitation Services) - Ongoing.
- e) Develop a system to effectively correlate substance abuse data with crime data through the Montana Board of Crime Control - April 1979.
- f) Utilizing data collected from programs, through ADAD emphasis on documentation of follow-up data (ADAD) Evaluation and Approval Standards), for the purpose of developing program effectiveness and outcome measures on a routine basis - June, 1979.

A. Definition of Terms

Prevention - prevention is a process which is based upon the concept that by implementing a variety of effective learning processes and alternative activities, behavior acceptable to the individual and society can be facilitated. Prevention efforts include: intervention activities which emphasize prompt recognition; education activities aimed at assisting individuals in developing values, coping and decision making skills, informational activities which utilize mass media, brochures and other methods to provide information regarding the effects of alcohol and drug use and abuse. Prevention also deals with the promotion of alternative aspects of the environment which minimize alcohol and drug abuse.

Treatment and Rehabilitation - programs designed for compulsive drug and alcohol abusers, people who persist in a damaging pattern of drug and alcohol use. The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activity as an alternative to abuse.

Intervention - intervention efforts attempt to deal with preliminary symptoms of drug and alcohol dependence through drop-in centers, telephone hotlines, and crises intervention centers.

Education - course matter related to alcohol and drug abuse which is taught in schools or through other organized curricula for young persons and/or adults. Projects and activities include development of curricula, in-service college level courses, presentations to schools by persons knowledgeable in the area of alcohol and drug abuse.

Information - projects or activities which make factual material available to general or selected audiences. Library materials, free folders and pamphlets, films, media releases, public service announcements, and talk show presentations are examples of information.

Alternatives - activities intended to take the place of alcohol and drug use and abuse. Alternative projects include youth summer camps, youth centers, employment programs, personal development activities, recreational and social interaction programs.

B. Prevention Resource Assessment

The ADAD perceives many prevention functions as within the realm of other state agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social and Rehabilitation Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc. A specific function of the ADAD is to facilitate cooperation between interagency alcohol and drug abuse prevention activities.

Mini-grant project teams are regarded as prevention resources. Use of

mini-grants to stimulate local and multi-county drug abuse prevention projects continues to be an important prevention activity. Ten drug mini-grants were allocated in FY78, on the basis of project proposals submitted by a variety of local and regional resource groups. Successful mini-grant project initiators are considered as potential lead agencies for implementation of federal and state models for prevention delivery. Mini-grant activity has enabled the ADAD to identify individual and group prevention resources and to determine capabilities in terms of planning and project implementation.

C. FY78 Performance Report

Objective 1 - Assist communities, agencies, organizations and community programs in development and maintenance of alcohol and drug prevention/education activities.

Over the past four years, several prevention projects have been initiated through mini (seed) grants from the ADAD for the purpose of initiating prevention activities at the community level. Use of mini-grants for stimulating local programs and multi-county alcohol and drug abuse prevention projects was a major prevention activity in FY78. Ten mini-grants of \$1000 each were allocated on the basis of project proposals submitted by a variety of local and regional resource groups. Mini-grants have been successful in promoting cooperation among participating groups and agencies. Many successful and ongoing prevention projects have been initiated through mini-grant activities conducted at the community level.

To more effectively identify the concerns and needs of youth, the ADAD coordinated in July, 1977 with the Child and Youth Development Bureau, State Department of Social and Rehabilitation Services, in organizing five representative regional youth committees. Recommendations from the Youth Task Force, as they relate to alcohol and drug abuse prevention for young people, were included in the Administration/Special Emphasis program section of this plan.

The Statewide Task Force on Women and Substance Abuse is presently conducting a needs assessment with one of the objectives being to investigate prevention methods which are effective for women. The task force is also studying the feasibility of utilizing a hotline as an intervention method to reach Montana's rural women.

During the last year, the ADAD Prevention Section sponsored a workshop, "Drugs and the Elderly" with five presentations in different cities throughout the state. The workshop is a drug awareness program designed to stress the appropriate use of prescription drugs. The seminar impacted approximately 350 people and because of the wide response will be delivered again next year.

Objective 2 - Assist and support development of alcohol and drug education curricula and aids suitable for kindergarten through grade twelve.

Because available needs assessment data clearly indicates the need to target prevention activities toward young people, the priority established in the FY78 Plan was to develop curricula to be used in the Montana school system in Kindergarten through the twelfth grade.

Curricula for possible implementation in the state's school systems has been collected from other states. The curricula is currently being revised to fit Montana's needs by a curriculum task force. It is planned that curricula will be implemented in the 78/79 school year in parochial schools as well as public schools. After testing the curricula for two years, the Division hopes to receive a mandate from the 1981 legislature to ensure that alcohol and drug education courses will be delivered in all schools within the state (Kindergarten through grade twelve).

Objective 3 - Develop effective methods of alcohol and drug abuse education for use in public media.

The Prevention Section planned to conduct two extensive media campaigns in FY78 - one for alcohol and one for drugs. The Drug Media campaign was started in conjunction with Drug Abuse Prevention Week. All major radio and television stations do spots on drug abuse on an ongoing basis, additional drug information was disseminated to persons requesting more information. The Prevention Section is now completing preparation of materials to be used in the alcohol media campaign. The media package is nearly completed, and will be ready for delivery by major radio and television stations by July, 1978.

The ADAD Prevention section has been running extensive ad campaigns in "The Montana Citizen", a statewide publication sponsored by the Montana Chamber of Commerce. "The Montana Citizen" was selected because it reaches more businessmen in the state than other periodicals. One purpose of the ad campaign has been to lay the groundwork for prompting establishment of industrial alcohol and drug programs.

Prior to the Christmas holiday season the Prevention Section prepared articles regarding "positive hosting" in all major statewide newspapers.

Objective 4 - Support and coordinate existing regional and local alcohol and drug programs.

The Prevention Section supports and coordinates existing and new prevention activities at the state, regional and local levels. Technical assistance is available to agencies initiating prevention activities and the Prevention Section provides assistance to those agencies with prevention mini-grants. A prevention resource inventory is maintained by the Prevention Section and is updated on an ongoing basis.

The ADAD has begun to develop a written statewide alcohol and drug prevention plan; however, this activity has been carried over to the FY79 Work Plan. At this time, the Division does not have sufficient staff to devote time to a comprehensive plan. A proposal was submitted to NIDA for the purpose of funding an additional staff member who would have responsibility for assessing Montana's needs in relation to Prevention programming, and developing a plan to meet those needs.

The Division will continue to sponsor and fund a minimum of fifteen (15) mini-grant activities in FY79. Many successful prevention projects have been initiated through mini-grant activities conducted at the community level. Use of mini-grants stimulate local and multi-county drug and alcohol prevention efforts and promotes cooperation among participating groups and agencies. Therefore, support and coordination of mini-grant projects is viewed as a priority by the ADAD Prevention Section.

A statewide resource survey will be conducted throughout the upcoming year. Based upon the survey, the Prevention Section will compile a catalog of existing resources. The catalog will be published and made available to community alcohol and drug programs and other interested persons by July 1979.

An ongoing activity is the refinement of alcohol and drug curricula which will be made available to schools for use in grades Kindergarten through twelve. A curriculum task force has been involved in refining educational materials to meet Montana's needs. It is anticipated that the curricula will be implemented in the 78/79 school year. During the next two years, the curricula will be evaluated and revised, if necessary. The Division will work towards receiving a legislative mandate from the 1981 legislature to ensure alcohol and drug education will be made available in all schools throughout the state.

The workshop "Drugs and the Elderly" will be delivered at least once in FY79. The success of this workshop in the past year has prompted the Prevention Section to provide this educational program again next year. The Prevention Section is looking into the possibility of developing similar educational opportunities for the elderly which focus on the use and abuse of alcohol.

The ADAD will continue to contract with the Department of Health and Environmental Sciences, Health Education Bureau, to operate a film library. The Health Education Bureau is responsible for scheduling and distributing films pertinent to alcohol and drug abuse to interested agencies, organizations, and community alcohol and drug programs.

The Division will sponsor an alcohol abuse prevention campaign utilizing major television and radio stations throughout the state. This activity has been carried over from the FY78 action plan because media materials were not completed in time to be delivered before July 1978. The Division will continue to conduct alcohol and drug prevention campaigns in major newspapers and statewide periodicals. An example of this activity will be to again run articles on "positive hosting" prior to the holiday season.

Because of the current lack of knowledge regarding the impact of various prevention techniques, the Division will attempt to establish criteria by which to evaluate prevention projects. The Prevention Section will explore the possibility of utilizing a pre and post evaluation package for measuring effectiveness of prevention activities.

In order to facilitate an effective, coordinated prevention services delivery system it is viewed as essential that Montana develop a coordinated means of assessing the needs of the state by determining target populations and gaps in existing services for the purpose of developing a comprehensive prevention plan to meet those needs. Currently, there is only one staff

member within the ADAD with responsibility for all alcohol and drug prevention activities. The Division submitted a proposal to NIDA to request funding for an additional prevention position. If funded, the person filling the position would have responsibility for assessing prevention needs and developing a long term prevention plan. Although the state funds several prevention activities, there is, at this time, no consistent long term plan for determining funding priorities of new prevention projects and no standardized criteria for evaluating the effectiveness of existing projects. The development of a long term prevention plan is a state priority; however, at this time it is contingent upon additional funding.

The Prevention Section, in response to needs delineated in the regional plans, will provide technical assistance to community alcohol and drug programs in establishing or maintaining prevention activities. The Division will collect, analyze and distribute relevant alcohol and drug education materials for use to community programs as well as the general public.

E. FY79 Work Plan

Objective 1 - Support and coordinate new and existing prevention/education/intervention resources statewide.

Method

- a) fund a minimum of fifteen (15) mini-grant prevention projects by July 1979.
- b) provide technical assistance to all funded prevention projects and monitor contracts - Ongoing.
- c) conduct a statewide resource survey by July 1979.
- d) compile and evaluate a catalog of existing resources and make the catalog available to community programs and other interested persons by July 1979.

Objective 2 - Develop and refine alcohol and drug education available to the general public.

Method

- a) Implement drug and alcohol curricula for grades Kindergarten through grade twelve in the 78/79 school year by September 1978.
- b) Deliver workshop "Drugs and the Elderly" 1 presentation to a minimum of 100 persons in FY79.
- c) Contract with the Department of Health and Environmental Sciences, Health Education Bureau, to schedule and distribute films pertinent to alcohol and drug abuse to interested agencies, organizations, and community alcohol and drug programs.

Objective 3 - Develop a public awareness program for alcohol and drugs using a variety of media.

Method

- a) Evaluate existing media materials and refine these materials if appropriate - Ongoing.
- b) Sponsor an ongoing alcohol abuse prevention campaign utilizing major television and radio stations throughout the state starting July 1978.
- c) Continue to sponsor alcohol and drug ad campaigns in major newspapers and statewide periodicals - Ongoing.

Objective 4 - Evaluate effectiveness of prevention/education programs.

Method

- a) Develop evaluation criteria by February 1979.
- b) Develop pre and post evaluation packages by July 1979.
- c) Utilize existing statistical information in evaluation of prevention activities by July 1979.

Objective 5 - Develop a coordinated means of assessing the needs of Montana for the purpose of developing a comprehensive prevention plan to meet identified needs.

- a) Hire an additional staff member who would assume responsibility for completing the above objective by August 1978.
- b) Conduct extensive needs assessment for the purpose of determining prevention needs and document specific target populations by February 1979.
- c) Begin development of comprehensive prevention plan to meet identified needs by July 1979.

VIII. TRAINING AND CERTIFICATION FUNCTIONAL PLAN

A. FY79 Performance Report

Objective 1 - Assess training and education needs of all alcohol and drug abuse workers.

This objective was not met during the past year. Certification procedures were revised in FY78 making the previous training needs assessment outdated. Based upon the newly established certification procedures, the training section is approximately fifty percent (50%) complete with the needs assessment process.

Objective 2 - Continue to develop resources for training.

Six contract trainers were recruited in FY78 and utilized for delivery of the following courses: Short Term Client Systems; Basic Management Skills; Program Evaluations; and Assessment Interviewing for Treatment Planning. The Training Section gained access to microfiche equipment and has implemented a retrieval system of a national training resource list. A state-wide training resource list is published semi-annually and distributed to all community programs.

Objective 3 - To provide training sessions to 600 trainees.

The Training Section provided twenty-two training sessions to 296 trainees during FY78 in the following manner:

<u>Course</u>	<u>Times Offered</u>	<u>Number of Persons Trained</u>
Short Term Client Systems	3	38
Assessment Interviewing for Treatment Planning	2	30
Women in Treatment	1	20
Program Evaluation	2	45
Basic Management Skills	3	48
Pharmacology	1	15
Group Counseling	2	23
Basic Self Awareness	3	31
Treatment Methods	4	46
Total	21	296

In addition to the regularly scheduled training courses, the training staff impacted 300 individuals through the 1978 Summer School in Alcohol and Drug Studies held at the College of Great Falls on June 19 - 28, 1978. Curriculum included psychological and physiological factors of alcohol and drugs; an overview of treatment methods; an overview of prevention and several other courses. College credits and/or certificates of attendance were issued to participants upon request.

Objective 4. Develop a training evaluation component and upgrade and modify training in response to evaluation findings.

Request for proposals (RFPs) were advertised, by the training section, for development of an evaluation component. The proposals submitted were evaluated and a private consultant was contracted to evaluate the effectiveness of training courses delivered through the ADAD Training Section.

Two of the major courses delivered in Montana were evaluated in terms of a trainee appraisal of courses and trainers and b) supervisor appraisal of transfer of learning on the job. The courses studies dealt with basic counseling skills, client appraisal and treatment planning. The evaluation report described a positive attitude of participants toward the training received and trainers delivering the courses. Supervisors reported a satisfactory level of transfer of skills on the job. The one recommendation was that followup training was needed to ensure continued use of newly learned skills.

Objective 5 - To develop and implement a volunteer certification system on a research basis to those persons volunteering their participation.

In September 1977, a full time staff member was designated to assume primary responsibility for certification.

The following progress has been made towards having a fully tested system, ready for implementation, by January 1979.

1. Determination of appropriate subject areas has been completed.
2. A statewide certification planning committee has been established.
3. The structure and format for the certification system has been developed based upon a growth model.
4. Certification requirements for alcohol and drug abuse workers was combined into a substance abuse certification system.

In April 1978, the planning committee met and began the finalization process of the new system. The planning committee is comprised of program persons elected from each of the five regions; advisory members were selected from a previous certification meeting and associate members from interested organizations. The planning committee determined core subjects and also established specialty areas for alcohol counselors and drug counselors. (See Exhibit 10).

Major decisions were made regarding the impact and scope of the system including:

1. A grandfather clause which would certify those individuals having two years of paid validated experience and employed at the time of implementation.
2. To maintain the system as a certification system rather than as a licensure system.
3. Within the next five year period to transfer responsibility for certification from the Division to a private non-profit organization.
4. To develop a code of ethics for Alcohol and Drug Abuse counselors.
5. To support the use of a portfolio system for crediting life experience.

Each State approved Alcohol and Drug Abuse program within Montana received a report of committee activities. Basically the model adopted consists of the following:

CERTIFICATION - CORE STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification			Level 3 Certification		
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)
1. Individual Counseling	60	6	120	12	3	180	18	5
2. Group Counseling	60	6	120	12	3	180	18	5
3. Intra-personal Relations	30	3	0	0	3	0	0	5
4. Inter-personal Relations	30	3	60	6	3	90	9	5
5. Professional Standards	10	1	0	0	3	0	0	5
6. Interviewing	60	6	90	9	3	120	12	5
7. Client Assessment	30	3	90	9	3	120	12	5
8. Treatment Planning	30	3	60	6	3	90	9	5
9. Communication Skills	60	6	120	12	3	180	18	5
10. Family Counseling	60	6	120	12	3	180	18	5
11. Crises Intervention	30	3	90	9	3	150	15	5
12. Agency Interaction	10	1	30	3	3	60	6	5

CERTIFICATION - DRUG SPECIALTY STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification			Level 3 Certification		
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)
1. Prevention/Education	10	1	120	12	3	180	18	5
2. General Substance Abuse	10	1	30	3	3	60	6	5
3. Pharmacology	10	1	120	12	3	180	18	5
4. Physical & Psychological Effects of Drugs	30	3	90	9	3	180	18	5
5. Women's Issues	10	1	90	9	3	120	12	5
6. Client Management Planning	0	0	30	3	3	90	9	5
7. Dynamics & Functions of AA, Al-Anon, Alateen & other supportive services	5	$\frac{1}{2}$	30	3	3	0	0	5
8. Minorities & Social Conditions	0	0	90	9	3	150	15	5

CERTIFICATION - ALCOHOL SPECIALTY STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification			Level 3 Certification		
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experien (Yrs.)
1. Prevention/Education	10	1	120	12	3	180	18	5
2. General Substance Abuse	10	1	30	3	3	60	6	5
3. Pharmacology	10	1	120	12	3	180	18	5
4. Physical & Psychological Effects of Alcohol	30	3	90	9	3	180	18	5
5. Dynamics & Functions of AA, Al-Anon, Alateen & other supportive services	10	1	30	3	3	90	9	5
6. Women's Issues	10	1	90	9	3	120	12	5
7. Client Management Planning	0	0	30	3	3	90	9	5
8. Minorities & Social Conditions	0	0	90	9	3	150	15	5

1. A group of 12 core subject areas with training and educational standards required of all substance abuse workers.
2. Two specialty fields, alcohol abuse and drug abuse, one of which must be assumed by each applicant. The counselor also has the option of taking both. Each specialty field has its own set of required subject areas and standards depending upon choice of field.
3. Levels of expertise will be determined for each subject area rather than for general counselor level ratings. For example, a worker could be rated at a level III expertise in group counseling without needing to meet additional requirements in all subject areas.
4. One year of paid validated experience will be required of all applicants prior to issuance of a certificate.

A computerized data retrieval system is presently under development and should be completed by September, 1978. Voluntary application for testing of the total system will be available to the field by July 15, 1978.

B. State Training Support Program (STSP)

The STSP program is funded by the National Institute on Drug Abuse. Montana has fully participated in the STSP program since its conception in 1975.

The program is designed to provide training to persons working with substance abusers. The outcome expected from training is to increase job related skill levels of persons working in a counseling or therapeutic role.

FY79 Proposed Activities

The training priority for FY79 is to establish training centers in at least four colleges and/or universities throughout Montana. The current training program serves only fifty percent (50%) of the state's training population. It has become necessary to implement a revised training delivery system which will make training opportunities available to a greater proportion of the perceived training population. The revised system will allow for college credits as an integral part of the training system. At this time, college credits are not available to trainees; however, college credits will become a significant and ongoing part of the revised training system. Through the use of training sites on university or college campuses, trainees can receive training and at the same time continue to work toward a degree.

A special earmarked training fund has been established for distribution of money for training on a regional basis. These funds will be utilized to cover trainee expenses during the training year. Funds will be allocated to regions on the basis of counselor population and training needs as currently assessed. Regional training committees will allocate training monies based on individual need and policies established by the ADAD training section and training plans prepared by individual programs.

The Training Section intends to deliver twenty (20) educational/training sessions at the four proposed training sites in FY79. Course delivery is based upon established counselor certification requirements and in response to training needs expressed in the Regional Plans. Training needs common to all regions include: Drug education/pharmacology; Prevention/Education Training; Family Counseling; Womens Issues in Treatment; and basic management skills.

It has been determined that the following courses will be offered in FY79:

1. Family Counseling - (new)
2. Pharmacology
3. Communication Skills
4. Group Counseling
5. Individual Counseling
6. Treatment Methods - (new)
7. Planning and Interviewing Techniques for treatment of alcohol and/or drug abusers
8. Diagnosis - (new)
9. Prevention/Education Training
10. General Management Techniques - (new)
11. Womens Issues in Treatment

Additional activities, such as support of the multi-regional advocate trainer, are seen as ways in which the training section can expand its resources and impact criminal justice workers. The regional advocate trainer will coordinate training and education for criminal justice and law enforcement personnel in Regions I and III. An important function of this position will be to establish ongoing curriculum designed specifically to law enforcement and criminal justice personnel through Dawson Community College in Glendive and the Law Enforcement Academy at Montana State University in Bozeman.

The Regional Advocate Trainer will provide training and education for criminal justice and law enforcement personnel mainly in Eastern Montana. Due to the high priority and expressed need for more training of law enforcement personnel the Division's training section will establish a mechanism for contracting with an individual(s) or agency(s) to deliver criminal justice training in the remaining regions (II, IV, V). (See Criminal Justice Plan).

The Training Section will continue to utilize one full time staff member to finalize alcohol and drug program staff certification procedures. In order to ensure adequate service delivery to persons seeking alcoholism or drug abuse services it is a priority to initiate and maintain a counselor certification system in which requirements are established regarding counselor education, training and experience.

The major task, based upon certification committee recommendations will be to prepare for obtaining a legislative mandate to certify counselors from the 1979 legislature.

Another task to be undertaken during FY79 is to develop and utilize a computerized system for maintaining and updating individual records of persons seeking certification.

FY79 Work Plan

Training

Objective 1 - To establish four University centered training sites within Montana to more fully meet training needs and effectively provide educational services to statewide alcohol and drug abuse treatment personnel.

Method

- a) Prepare presentation of proposed training program for four universities by July 1978.
- b) Evaluate and revise if appropriate, training program after initial university contacts by September 1978.
- c) Finalize contracts with universities by September 1978.
- d) Establish an equitable system for allocation of training monies for trainees and establish method for control of allocated monies by September 1978.
- e) Establish needs assessment information to analyze training population needs by October 1978.
- f) Establish the technical assistance function and procedure for program training plans by December 1978.
- g) Maintain training system - Ongoing.
- h) Evaluate training system - quarterly.

Objective 2 - Deliver twenty training courses to 220 individuals utilizing ten core subjects by July 1979.

Objective 3 - Provide an advocate trainer in Eastern Montana who will co-ordinate training activities for criminal justice and law enforcement personnel in Regions I and III. (See Criminal Justice Plan.)

Objective 4 - To establish a mechanism for contracting with an individual or an agency to deliver training and education for criminal justice/law enforcement personnel. (See Criminal Justice Plan).

Objective 5 - To continue support of a State staff member to finalize alcohol program staff certification procedures.

Method

- a) Based upon certification committee recommendations, establish legislative approach for obtaining legislative mandate to certify counselor by November 1978.
- b) Implement and maintain data retrieval system by November 1978.
- c) Provide monthly update to training section regarding needs utilizing data retrieval system - ongoing.
- d) Establish scheduling for needs assessments for all applicants (approximately 250) by May 1979.
- e) Schedule and hold regional public hearing as per code procedure by June 1979.
- f) Complete appointment of certification board by July 1979.

IX. CRIMINAL JUSTICE INTERFACE FUNCTIONAL PLAN

A. FY78 Performance Report

Objective 1 - Coordinate and cooperate with Montana Board of Crime Control (MBCC), the State Law Enforcement Assistance Act (LEAA) agency.

The overall priority in the FY78 Criminal Justice Functional Plan was to provide substance abuse services in three state correctional institutions. In coordination with the Montana Board of Crime Control, the ADAD established substance abuse services in the following correctional facilities:

1. Montana State Prison, Deer Lodge.
2. Pine Hills School for Boys, Miles City.
3. Swan River Youth Forest Camp, Swan River.

Services were initiated in these facilities in September 1977 with funding from the ADAD and the Montana Board of Crime Control. (See Administrative functional plan.)

Objective 2 - Provide relevant training opportunities for criminal justice personnel who deal with substance abuse.

During FY78 the Division training section attempted to work with the Criminal Justice System in order to provide training and educational opportunities. However, all such attempts met with no success. Through the Dawson Community College in Glendive, a series of workshops were planned and held, all given to a very small number of Criminal Justice participants. Additionally, the NIDA sponsored course, Justice/Treatment Interface was attempted, twice. Both attempts to sponsor and hold the course were unsuccessful in spite of much pre-planning with Criminal Justice representatives.

Objective 3 - Contract for a detailed study of specific uniform act implementation problems.

The Division contracted with a private consultant to provide a detailed study of specific implementation problems of Montana's Uniform Intoxication Treatment Act of 1974. In completion of the study, over 170 individuals in 28 counties were interviewed; over 80 law enforcement personnel, including probation people, and over 50 were court system personnel (judges, county and city attorneys).

The recommendations which follow are derived from the study and are designed to improve the delivery of alcoholism services under existing law and to amend existing law to improve those services.

Recommendation I:

That the legislature enact a provision directing law enforcement officials to append to misdemeanor and felony charges whether, in the arresting officer's judgment, alcohol or drugs were involved in the crime charged. (Juvenile charge sheets now require this and charges for adults should also.)

Recommendation II:

When protective custody is used by a law enforcement agency, that agency record its use and submit it along with arrest data to the Montana Board of Crime Control for the statistical record.

Recommendation III:

That a statewide educational program be undertaken for law enforcement personnel in alcoholism. Additionally, the State Law Enforcement Academy should be contacted by ADAD and an integrated effort of alcoholism training should be introduced into the Academy curriculum.

Recommendation IV:

That a training program for judges at all court levels and city and county attorneys be instituted under the same general conditions outlined in Recommendation III and, as in Recommendation III that this training be on-going to compensate for personnel turn over. That this training stress the law -- as it is written -- and the role of the courts in alcoholic rehabilitation as a crime prevention effort.

Recommendation V:

That the legislature enact a provision in the law relating to habitual intoxication as grounds for mandatory treatment.

Recommendation VI:

That the State funded alcoholism treatment center at Galen be designated as a long term care facility providing 90 day or longer treatment cycles for alcoholics with a history of habitual intoxication following a stated number of unsuccessful shorter term treatment efforts. And, further, that funds be provided for adopting this long term treatment regime in addition to the current 30 day program.

Recommendation VII:

That the involuntary commitment procedure be streamlined to include a single hearing before a justice court with a petitioner, a physician and counsel for the client if requested.

Recommendation VIII:

That the 48 hour inebriate admission (Section 80-2716) and the five day emergency commitment (Section 80-2717) be amended by the legislature to be no less than 15 days each.

Recommendation IX:

That the State Alcohol and Drug Abuse Division utilize federal and other funds for transporting intoxicated, incapacitated and habitually intoxicated persons to detox and treatment facilities as necessary and notify law enforcement agencies, courts and local alcohol programs of policies and procedures for such transportation.

Recommendation X:

That the State of Montana establish a system of free standing non-medical detoxification centers or detoxification centers in conjunction with existing medical services on a multi-county basis throughout the State. That the location of these centers be based on potential use and be staffed and served in conjunction with all referral and alcoholism outpatient programs now existing.

Recommendation XI:

A plan for a system of alcoholism services should be adopted by the Alcohol and Drug Abuse Division. Existing approved services should be brought into conformance with the plan and those programs seeking approval should have to demonstrate how they fit into the plan.

Objective 4 - To cooperate with the Highway Patrol, Department of Justice, Highway Safety Division, Department of Community Affairs in developing and implementing a DWI court school. The Highway Safety Division will contract with the Alcohol and Drug Abuse Division to develop the DWI curriculum, October 1977, and train 30 DWI counselors by July 1978.

In April, 1978 the Montana Highway Patrol began enforcement of the provision regarding DWI court school attendance as a condition of entitlement to a restricted probationary license.

Following establishment of the Montana State Highway Safety Committee, a cooperative agreement was reached by the Department of Justice, Department of Community Affairs and the Department of Institutions. Licensure regulation and driver improvement are processed by the Department of Justice, funding and data monitoring are furnished by the Department of Community Affairs, curriculum development and establishment of court schools within community alcoholism programs was accomplished by the Department of Institutions, Alcohol and Drug Abuse Division.

Curriculum was developed and implemented in 22 court schools. Since implementation of the DWI court schools, 555 individuals have been enrolled in the court school program.

B. Criminal Justice Interface at Planning Level

Agreements to facilitate planning have been documented and presently exist between the ADAD and the State Crime Control Division.

The Crime Control Division will provide the ADAD with:

1. Access to all data collected in Montana for the FBI Uniform Crime Reporting System and through the Criminal Justice Data Center.
2. Access to data analysis pertaining to substance abuse, as well as comparative for other typical crime categories, prepared in the normal course of the Crime Control Division operation.
3. Cooperation in any future ADAD efforts to collect and analyze substance abuse data generated from sources within Montana.

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions, and the Law Enforcement Services Division of the Montana Department of Justice. The Law Enforcement detection laboratory in Missoula provides analysis of substance from crime scenes and aids pathological work by identifying drugs or lethal substances in body fluids. Statistics from the detection laboratory will be made available to the ADAD for planning purposes.

C. FY79 Proposed Activities

The services provided by the Regional Advocate Trainer, in Region I, will be continued and expanded to a multi-regional approach. The trainer will continue to coordinate substance abuse training, prevention and education for criminal justice and law enforcement personnel in Regions I and III. An important function of this position will be to establish ongoing curriculum designed specifically to law enforcement and criminal justice personnel through Dawson Community College in Glendive and the Law Enforcement Academy at Montana State University in Bozeman. The Regional Advocate Trainer will also provide technical assistance to existing DWI court schools in Eastern Montana.

The Regional Advocate Trainer will provide training and education for criminal justice law enforcement personnel mainly in Eastern Montana. Due to the high priority and expressed need for more training of law enforcement personnel statewide the Division intends to establish a mechanism for contracting, through the ADAD training section, with an individual(s) or agency(s) to deliver criminal justice training relevant to alcohol and drug abuse in the remaining regions (II, III, V).

The Division will continue the development and maintenance of the statewide Montana DWI Court School System in cooperation with the Highway Patrol Bureau, Department of Justice and Department of Community Affairs. Services to be provided by the ADAD include counselor training, technical assistance and curriculum development.

Continued funding has been determined necessary for the operation of the alcohol and drug abuse detection laboratory in Missoula. The laboratory analyzes an average of 80 blood and urine samples per month, submitted by substance abuse treatment programs, coroners and law enforcement agencies. The purpose of this laboratory is to provide analysis of blood, urine and other body fluids for the determination of alcohol, drugs and toxic substance submitted by Law Enforcement agencies and drug and alcohol treatment programs located throughout the State of Montana.

Without the expert testimony and proof developed by the detection laboratory, Montana cannot enforce its existing DWI laws. The detection laboratory presently exists within the Law Enforcement Services Division, State Department of Justice.

D. FY79 Work Plan

Objective 1 - Provide an advocate trainer in Eastern Montana who will coordinate training/prevention/education for criminal justice and law enforcement personnel in Regions I and III.

Method

- a) Continue to assess the needs of law enforcement personnel in Regions I and III, as they relate to the Montana Uniform Act - Ongoing.
- b) Establish as part of an ongoing curriculum at Dawson Community College in Glendive, a law enforcement training program to be offered on a quarterly basis beginning December 1978.
- c) To begin coordination of an ongoing unit of education on the Montana Uniform Implementation Act, at the Montana Law Enforcement Academy at Montana State University in Bozeman and have curriculum defined by October 1978.
- d) Establish training procedures whereby law enforcement personnel can be utilized as trainers of other personnel within specific law enforcement agencies within Region I by February 1979.
- e) To monitor and provide assistance to DWI court schools in Region I at least quarterly - ongoing.
- f) To provide assistance upon request to alcohol program personnel in designing and obtaining materials for prevention/education activities within Regions I and III - ongoing.

Objective 2 - To establish a mechanism for contracting with an individual or an agency to deliver training and education for criminal justice/law enforcement personnel.

Method

- a) Establish measurable goals and objectives of the law enforcement/criminal justice training program by August 1978.
- b) Establish mechanism for determining Request for Proposal recipients by August 1978.
- c) Determine criteria for selecting contractors for proposed activities by September 1978.
- d) Issue Request for Proposals from potential contractors by September 1978.
- e) Select contractor(s) based upon established criteria by October 1978.
- f) Implement training activities as per contract(s) by October 1978.
- g) Contracts will be reviewed and evaluated by the Alcohol and Drug Abuse Division's training section at least quarterly to ensure objectives are being implemented beginning December 1978.

Objective 3 - To continue the development, implementation and maintenance of the statewide DWI Court School Systems in cooperation with the Highway Patrol Bureau, Department of Justice and Highway Safety Division, Department of Community Affairs.

Method

- a) Continue to provide technical assistance to community based court schools - ongoing.
- b) Develop and refine curriculum content and provide appropriate audio-visual materials for use in court schools - ongoing.
- c) Assist in developing a systematic plan which specifics procedures for cross-referrals between communities by September 1978.

Objective 4 - Contract with the DWI detection laboratory in Missoula to provide analysis of blood, urine and other body fluids for the determination of alcohol, drugs and toxic substances submitted by Law Enforcement agencies and drug and alcohol treatment programs located throughout the State of Montana by July 1978.

4.0 BUDGET INFORMATION

4.1

ALCOHOL & DRUG ABUSE DIVISION Proposed Budget*

General Fund	24,665
Earmarked Revenue	268,618
2 new FTE's - 42,208	
Drug Formula	125,893
Statewide Services Contract (NIDA)	5,791
Alcohol Formula	24,000
Alcohol Incentive	31,500
SSI	18,963
LEAA	49,246
DWI (Dept. of Community Affairs)	31,243
	<hr/>
	579,919
Earmarked Revenue Funding	
Community Alcohol Programs	956,881
Statewide Training Pot	56,000
Alcohol Formula Grant	176,000
Alcohol Incentive Grant	158,500
Statewide Services Contract (NIDA)	39,000
	<hr/>
	1,966,300

*SMDP excluded

ALCOHOL & DRUG ABUSE DIVISION
Proposed Budget

Incentive Grant (detox)	116,500
Regional Advocate	27,000
Judicial & Law Enforcement Training	15,000
	<hr/>
	158,500

Alcohol Formula

Regions 5 @9,000	45,000
Region I Administrative Supplement	20,000
Community Alcohol Programs	101,000
Women's Task Force	5,000
Youth Task Force	5,000
	<hr/>
	176,000

SUGGESTED
FORMAT

	Administ.	Planning & Coordination	Treatment & Rehabilitation	Information Systems	Research & Evaluation	Prevention Intervention & Education	Training	Criminal Justice Interface	TOTAL
1. STATE FUNDS	2,010		220,185						222,195
a. Tax-derived approp.									
b. Other State Funds									
Total	2,010		220,185						222,195
2. LOCAL FUNDS			4,404						4,404
a. Local govt.									
b. Non-public funds									
Total			4,404						4,404
3. FEDERAL FUNDS	14,511	14,302	29,681	3,713	14,000	42,216	17,780	8,907	145,110
a. HUD 409 funds									
b. HUD 410 funds	41,611		389,143	32,364			38,374		430,754
c. Other HUD funds									70,738
d. NEH									
e. NEA			30,113						30,113
f. OE									
g. DE									
h. CH									
i. HUD									
j. Soc. Serv. Adm.			15,633						15,633
k. VA									
l. Other Federal									
m.									
n.									
o.									
p.									
q.									
Total	56,122	14,302	464,570	36,077	14,000	42,216	56,154	8,907	692,348
CATEGORY TOTALS	58,132	14,302	689,759	36,077	14,000	42,216	56,154	8,907	918,947

GRANT TOTAL \$ 918,947

TOTAL STATE \$ 222,195

TOTAL LOCAL \$ 4,404

TOTAL FED'L \$ 692,348

*see definitions page
for explanation

TABLE II - STATE PLAN ACTION STRATEGY: EXPENDITURE PROJECTION SUMMARY

List only those funds which you anticipate receiving									
	Administ.	Planning & Coordination	Treatment & Rehabilitation	Information Systems	Research & Evaluation	Prevention Intervention & Education	Training	Criminal Justice Interface	TOTAL
1. STATE FUNDS									
a. Tax-derived approp.	5,791		272,114						277,905
b. Other State Funds									
Total	5,791		272,114						277,905
2. LOCAL FUNDS									
a. Local govt.			6,960						6,960
b. Non-public funds									
Total			6,960						6,960
3. FEDERAL FUNDS									
a. NIDA 409 funds	13,919	18,082	26,060	7,672	7,673	52,385	9,569	3,828	139,188
b. NIDA 410 funds	33,000		353,386				30,000		386,386
c. Other NIDA funds									30,000
d. NIMH									
e. ILLA			49,246						49,246
f. OE									
g. DEA									
h. OHD									
i. HUD									
j. Soc. Srv. Adm.			18,963						18,963
k. VA									
l. Other Federal									
m.									
n.									
o.									
p.									
q. Total	46,919	18,082	447,655	7,672	7,673	52,385	39,569	3,828	623,783
CATEGORY TOTALS	52,710	18,082	726,739	7,672	7,673	52,385	39,569	3,828	908,658
GRANT TOTAL \$ 908,658									
TOTAL STATE \$ 277,905									
TOTAL LOCAL \$ 6,960									
TOTAL FED'L \$ 623,793									

See definitions page
for explanations

SUGGESTED FORMAT

STATE MONTANA TABLE III - STATE APPROPRIATION REPORT FISCAL YEAR 1979

BREAKDOWN OF APPROPRIATION BY PROGRAM FUNCTIONAL CATEGORY	Tax-Derived State Appropriation (From Line 1.A., Table II)	BREAKDOWN OF APPROPRIATION BY AGENCY (SPECIFY AGENCY)			
		SSA	SOUTH- WESTERN MT DRUG PROGRAM	LIGHT- HOUSE	
ADMINISTRATION					
PLANNING AND COORDINATION					
TREATMENT AND REHABILITATION			140,749	131,365	
MANAGEMENT INFORMATION SYSTEMS					
RESEARCH AND EVALUATION					
EDUCATION, PREVENTION AND INTERVENTION					
TRAINING					
CRIMINAL JUSTICE INTERFACE					
AGENCY TOTALS			140,749	131,365	

1/ Any allocation methods used to identify portions of agency appropriations should be explained fully on a separate page.

Office of the Governor

Budget and Program Planning

Capitol Building - Helena, Montana 59601

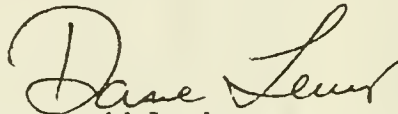
Thomas L. Judge
GovernorGeorge L. Bousliman
Director

4.5

LEGISLATIVE APPROPRIATION

I certify that through the State Laws of 1979 the
Department of Institutions allocated the following sums
to the:

Southwestern Montana Drug Program	\$140,749
Lighthouse Drug Program	<u>131,365</u>
TOTAL	\$272,114

David Lewis
Deputy Director for Budget

INSTRUCTIONS FOR COMPLETION
of the
COMMUNITY PROGRAM ALCOHOL OPERATIONAL PLAN

This application format has been developed to provide for a description of each segment of a comprehensive alcohol service program. The following instructions explain the application section by section. First page sections 1 - 9; second page section 10; forms A, B and C1, C2, C3, C4 Section 11; form D section 12; form E section 13; section 14 and section 15.

ITEMS FOR PROGRAM RESPONSE

- Section 1. Applicant Agency — The official name of the organization requesting alcohol funds.
- Section 2. Project Director — The paid employee who has the primary responsibility for implementing the goals of the project.
- Section 3. Official Authorized to Sign — The person elected to the highest office of the governing body for the project.
- Section 4. Project Title — This may be the same as Section 1, but may be a subpart of the applicant agency and if so, should be defined.
- Section 5. Financial Manager — This would be the paid employee who has primary responsibility for establishing a fiscal control system, maintaining fiscal control and preparation of all fiscal reports.
- Section 6. Type of Applicant — This section refers to the formal structure of the applicant agency, i.e., government agency, not for profit agency or profit agency. A not for profit agency must submit a copy of the charter filed with the Secretary of State and the IRS tax exempt declaration, or documentation that the IRS has received a request for such determination on its first application.
- Section 7. List the area(s) Served by this Project.
- Section 8. Contract Duration — The specific period of time during which the requested funds will be utilized.
- Section 9. Total Amount of this Request from Department of Institutions — This section has three separate lines and refers to the time period indicated in Section 8. Line a. refers to the total amount of funds the project hopes to receive from the Alcohol and Drug Abuse Division. Line b. refers to the total amount of funding that is being generated from other sources (local, federal, private). Line c. is for the grand total of the project budget. (Lines a + b should equal c).

- Section 10. Applicants Agreement — This is a commitment and should be signed by the official listed in Sections 2 and 3.
- Section 11. Budget Information — This section consists of six forms (A, B, C1, C2, C3, C4) and will show budget information for time period described in Section 8. Form A describes total funds by funding source; Form B describes total funds by service component; and Forms C1 through C4 describes each budget component in detail.

FORM A: Total Program Costs by All Funding Sources

Budget Category: 1. PERSONAL SERVICES

Salaries — Regular, overtime, sick leave, vacation, holiday, military leave, jury duty, professional, non-professional, part-time.

Employee Benefits — FICA, retirement, group insurance, workmen's compensation insurance, surety bonds, professional, non-professional hourly wages, unemployment compensation, state unemployment tax, general.

Budget Category: 2. CONTRACTED SERVICES

Consultant and professional services, data processing services, insurance and bonds, janitorial and caretaker services, laundry, legal fees and court costs, physical examinations, printing, electrical inspection services, payroll service fees, photographic services, medical services, board and room, storage fees, audit fees, publicity, exhibiting, film services, fire suppression services, honorariums, general.

Budget Category: 3. SUPPLIES AND MATERIALS

Athletic and recreational, clothing and personal, food, house-keeping, janitorial, medical, office, photo and reproduction, professional, printing pamphlets, books, building materials, microfilm supplies, data processing supplies, patient apparel, laundry, linens and bedding, kitchen supplies and utensils, general.

Budget Category: 4. COMMUNICATIONS

Telephone (local service) and equipment, telephone (long distance), postage and mailing, freight and express, radio services, post office box rental, advertising (radio and TV), telephone line rental, general.

Budget Category: 5. TRAVEL

In-state personal car mileage, in-state commercial transportation, in-state meals and lodging, per diem travel, in-state other, general. Break travel down by client travel, staff travel, and training travel.

Budget Category: 6. RENT

Land, buildings, data processing equipment, office equipment, other equipment, postage meter, vehicles (non-travel), education and recreational, mobile trailers, small equipment, storage, general.

Budget Category: 7. UTILITIES

Electricity, heating fuel, natural gas, water and sewer, garbage and trash removal, general.

Budget Category: 8. REPAIR AND MAINTENANCE

Buildings and grounds, office equipment, photographic equipment, batteries, patient equipment, paint buildings, fence materials, sign materials, data processing equipment, hospital furnishings, fixtures and equipment, educational equipment, general.

Budget Category: 9. EQUIPMENT

Data processing, educational and recreational, household, medical, office duplicating, photographic, hospital, fire suppression equipment, general.

Budget Category: 10. OTHER EXPENSES

Dues, subscriptions, taxes, assessment and etc. Money order fees, training costs other than travel, rewards, tuition, recruiting, general.

Columns a, b, c, d

- a. Total Amount Required — This column reflects the best estimated total program costs expected from all funding in each budget category. Total of this column should equal total program costs on line c, section 9.
- b. Applicant and Other — This column reflects all funds other than county ear-marked alcohol funds (column c) and those funds requested from the Alcohol and Drug Abuse Division in this proposal (column d) (i.e. federal, city, private, etc.)

- c. County Alcohol Funds – This column should reflect only the estimated county(ies) ear-marked alcohol funds which have been or will be obligated to the program. NOTE: Identification of funding sources for columns b and c is requested in item 12 on this form. Also, the column totals of b and c should add up to equal line b in Section 9.
 - d. Requested From State – This column should indicate those funds requested from the Alcohol and Drug Abuse Division in this application proposal. This column total should equal line a in section 9. NOTE: Column totals of b, c and d should add up to equal total of column a.
12. A. Identify separately each source of funds listed in columns a and b (Applicant and Other and County Alcohol Funds). County and city should be listed separately.
- B. List amount of funds to be generated by client fees and third party payments.
 - C. Total of item 12 should equal columns b and c totals.

FORM B: Total Program Costs by Service Component (i.e. Detox, Intermediate, Outpatient, Prevention, etc.)

Budget Category: 1. – 11. Budget categories definition are the same as explained on Form A.

Columns a - b

- a. Total Amount Required – is the same as defined on Form A, and should be completed exactly the same as it was completed on Form A.
- b. Component Budgets – lists costs by each component. If your program is only approved for one component then only one column should be completed and would be exactly the same as column a. If a program has three service components (i.e. Detox, Intermediate, Outpatient) then three columns would be completed listing cost breakdown in each component. Totals of component column b should all add up to equal total in column a.

NOTE: If the program has more than four service components use an additional Form B.

- 12. List the number of projected clients program expects to serve by component during the time period indicated in Section 8., page 1.

FORM C's: (set of four forms C1, C2, C3, C4)

Prepare a detailed budget breakdown and justification for each component. If program has more than one component listed on Form B then more than one set of Form C's will have to be completed.

Example: Acme Addiction Services has three service components; detox (non - medical), intermediate care and outpatient. The program would have to complete three sets of form C's (i.e. one set for detox (Non-medical), one set for intermediate care and one set for outpatient.

Section 12. Form D: Performance Sites — List all facility location addresses and contact persons for each program site. If program has more than six sites, use additional Form D.

Cost Per Client — Indicate programs established cost per client formula for each component. Also enclose fee schedule for each service component.

Section 13. Form E: Project Narrative

1. A brief description of agency's history.
2. Description of agency's various components and organizational chart.
3. Explain the proposed projects relationships to the applicant agency if the applicant agency has components other than alcohol services.
4. For each component (i.e. outpatient, detox, intermediate):
 - a. In narrative form describe what the component does, what services it provides, how they are provided and how it meets the states minimum standards. Also indicate the number of clients served during the previous 12 months.
 - b. List the components goals and objectives for the prior year and explain how they were met.
 - c. List the components goals and objectives for the ensuing year.

Section 14. Liability Insurance — Units of government omit this item. Applicant agencies listed as profit or not for profit must provide documentation of this insurance coverage. A photo copy of the insurance coverage page of the policy or similar instrument provided by the insurance agency must accompany this application.

Section 15. Agency Bond Insurance — Units of government omit this item. Applicant agencies listed as profit or not for profit must provide documentation of staff fidelity bond insurance coverage. A photo copy of the insurance coverage page of the policy or similar instrument provided by the insurance agency must accompany this application.

Section 16. Audit — Include copy of the last formal audit completed on your organization if non-governmental agency.

DEPARTMENT OF INSTITUTIONS
Alcohol & Drug Division
Community Program Operational Plan

APPLICANT AGENCY

Name: _____

Address: _____

Telephone: _____

PROJECT DIRECTOR

Name: _____

Title: _____

Address: _____

Telephone: _____

OFFICIAL AUTHORIZED TO SIGN
(Chairman of the Board, etc.)

Name: _____

Title: _____

Address: _____

Telephone: _____

PROJECT TITLE

FINANCIAL MANAGER

Name: _____

Address: _____

Telephone: _____

TYPE OF APPLICANT

State Government Agency: _____

Local Government Agency: _____

Private Tax Exempt Agency: _____

IRS NO.: _____

GEOGRAPHIC SCOPE OF PROJECT

Date Application Received: _____

Program Number: _____

Program Approved: Yes _____ No _____

Approved For:

Emergency Medical Yes _____ No _____

Emergency Non Med Yes _____ No _____

Intermediate Care Yes _____ No _____

In Patient Treatment Yes _____ No _____

Out Patient Yes _____ No _____

Follow Up Care Yes _____ No _____

Alcohol Education Yes _____ No _____

1. Programmatic Review: Date: _____

Signature: _____

2. Budget Review: Date: _____

Signature: _____

3. Review Committee: Date: _____

Recommendation: _____

Signatures: _____

4. Advisory Council, Review

Date _____

Chairman Signature: _____

THIS BOX FOR DEPARTMENT USE ONLY

8. CONTRACT DURATION

From: _____ To: _____

Total Length in Months: _____

9. TOTAL AMOUNT OF THIS REQUEST FROM
DEPARTMENT OF INSTITUTIONS

a. \$ _____

b. Other Program Funds: _____

c. Total Program Costs: _____

10. Assurances:

A. It is understood and agreed by the applicant that any funds received as a result of this application shall be subject to the conditions, regulations, rules, policies and approval requirements issued by the Department of Institutions for the administration of these state monies. This includes but is not limited to:

- 1) That funds awarded are to be expended only for the purposes and activities covered by the applicant's approved plan and budget;
- 2) That these funds may be terminated in whole or in part by the Montana Department of Institutions or its designee with thirty (30) days notice;
- 3) That appropriate fiscal records and accounts will be maintained and made available for audit by the Legislative Auditor of the State of Montana (Section 79-2310, R.C.M. 1947) and/or other auditors appointed by the Department of Institutions, and that these records will be so maintained for a period of five years;
- 4) It is required that all contractees will maintain record keeping that presents a current and continuous account of the efforts in providing funded services necessary for evaluation of staff performance by supervisory staff. All records must be maintained in a manner consistent with established Alcohol and Drug Abuse Division Administrator or his designee consistent with Federal Law (P.L. 93-383 - See Federal Register July 1, 1975, excerpts enclosed.)
- 5) That all data, information and/or reporting systems required by the Department of Institutions will be provided on the schedule and in the format prescribed by the Department.
- 6) That a narrative report be submitted to the Alcohol and Drug Abuse Division not less than quarterly, indicating progress toward meeting stated goals and objectives.

I certify, upon receipt of these requested funds, to adhere to the preceding conditions and further certify that all information contained in this application is true and complete to the best of my knowledge.

Signed _____
Project Director

Signed _____
Official authorized to Sign Application

Title _____

Address _____

Telephone _____

Date _____

FORM A

SUMMARY BUDGET FOR CONTRACT PERIOD FOR ALL COMPONENTS	(a) TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS		
		(b) APPLICANT AND OTHER	(c) COUNTY ALCOHOL FUNDS	(d) REQUESTED FROM ADAD
1. Personal Services				
2. Contracted Services				
3. Supplies & Materials				
4. Communications				
5. Travel				
6. Rent				
7. Utilities				
8. Repairs & Maintenance				
9. Equipment				
10. Other				
11. TOTAL COSTS				
12. Source of Funds listed in Columns: Applicant and Other – County Alcohol Funds		SOURCE	AMOUNT	
A. Source of Applicant Funding (Identify each source separately, ie. city, United Way, county)				
B. Payment for Services Provided by Client (Fees, collection, etc.)				
TOTAL				

FORM B

SUMMARY BUDGET FOR CONTRACT PERIOD		(b) COMPONENT BUDGET			
BY COMPONENT	(a) TOTAL AMOUNT REQUIRED	Component (Specify)	Component (Specify)	Component (Specify)	Component (Specify)
1. Personal Services					
2. Contracted Services					
3. Supplies & Materials					
4. Communications					
5. Travel					
6. Rent					
7. Utilities					
8. Repairs & Maintenance					
9. Equipment					
0. Other					
1. TOTAL COSTS					

Project the number of clients to be served during contract period:

Emergency Medical	_____
Emergency Non-Medical	_____
Intermediate Care	_____
In-patient Treatment	_____
Outpatient	_____
Follow-up Care	_____
Alcohol Education Groups	_____

DETAILED BUDGET FOR CONTRACT PERIOD (Continued)	TOTAL AMOUNT REQUESTED (4)	SOURCE OF FUNDS		
		APPLICANT AND OTHER (5)	CO. ALCOHOL FUNDS (6)	REQUESTED FROM ADAD (7)
2. Contracted Services				
CATEGORY TOTAL	\$	\$	\$	\$
3. Supplies & Materials				
CATEGORY TOTAL	\$	\$	\$	\$
4. Communications				
CATEGORY TOTAL	\$	\$	\$	\$
5. Travel				
CATEGORY TOTAL	\$	\$	\$	\$
6. Rent				
CATEGORY TOTAL	\$	\$	\$	\$

FORM C₃

DETAILED BUDGET FOR CONTRACT PERIOD (Continued)	TOTAL AMOUNT REQUESTED	SOURCE OF FUNDS		
		APPLICANT AND OTHER	CO. ALCOHOL FUNDS	REQUESTED FROM ADAD
	(4)	(5)	(6)	(7)
7. Utilities				
CATEGORY TOTAL	\$	\$	\$	\$
8. Repairs & Maintenance				
CATEGORY TOTAL	\$	\$	\$	\$
9. Equipment				
CATEGORY TOTAL	\$	\$	\$	\$
10. Other				
CATEGORY TOTAL	\$	\$	\$	\$

BUDGET JUSTIFICATION

INSTRUCTIONS:

Show justification for specific items or categories listed in the detailed budget for which the need is not self-evident. Justification should clearly indicate that the items being requested are essential to the achievement of the stated project objectives and the conduct of the proposed procedures.

FORM D

PERFORMANCE SITE(S) – The place where the project will be conducted.

<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person:</p>	<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person:</p>
<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person :</p>	<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person:</p>
<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person:</p>	<p>SITE NO. _____ (Name)</p> <p>_____</p> <p>ADDRESS (Street No., Street Name, City, County, State, Zip)</p> <p>Site Contact Person:</p>

Indicate Cost Per Client, with justification, in the space allotted below for each component. Enclose Fee Schedule.

PROJECT NARRATIVE

INSTRUCTIONS:

For each component write a narrative explaining in sufficient detail how the component meets the standards as mandated. At the end of each narrative include goals and objectives component is expected to meet during contract period.

Component: _____

(specify)

Summary

WOMEN'S TASK FORCE MEETING

March 4-5, 1978

The first meeting of the Statewide Women's Task Force on Substance Abuse was held March 4 and 5, 1978 at the Colonial Inn, Helena, Montana.

Members Present:

Gladys Elison, Missoula
Kay Hanrahan, Glendive
Martha Herlevi, Red Lodge
Carol Judge, Helena
Luana Paul, Missoula
Sherry Pettit, Helena
Marilyn Thorne, Great Falls
Karen Sloulin, Butte
Helen Wilson, Billings

Alcohol & Drug Abuse Division Staff

Rod Gwaltney
Norma Murphy
Joan Rutledge

Members Absent:

Melvin Johnson, M.D., Missoula
Pat Knerim, Glasgow
Peggy Skelton, Missoula
Carolyn Zimmet, Helena

Norma Murphy, ADAD, opened the meeting with an overview of the project. Task Force members introduced themselves and gave a short summary of what they expected from the workshop.

Joan Rutledge, ADAD, presented available statistical information of women who are receiving treatment in Montana's alcohol and drug abuse programs. The remainder of the first day was spent in problem identification facilitated by Rod Gwaltney, ADAD. The Task Force listed attitudes which are prevalent about women substance abusers. It became apparent that sufficient information regarding women and substance abuse currently did not exist and members then listed possible information sources.

The overall goal of the Task Force, as agreed upon by the members present, is "to develop sufficient information to plan and provide effective treatment and prevention of substance abuse for all women in Montana."

It was determined that the first priority of the Task Force was to gather as much information as possible, utilizing the possible information sources which had previously been listed. Assignments for collecting information were made as follows:

<u>Member</u>	<u>Data Source</u>
Sherry Pettit	Hospitals, PSRO, pharmacists
Joan Rutledge	Treatment data, including data specific to Indians in treatment
Karen Sloulin	Library search, NIDA
Kay Hanrahan	NIAAA, AA
Rod Gwaltney	Mental Health, MNA, SRS
Luana Paul	Indian Health Services
Gladys Elison	Ministerial Assoc., SRS, LEAA, MBA, Legal Services
Dr. Johnson	ABA, MMA
Norma Murphy	National Coalition
Carolyn Zimmet	Correctional institutions
Marilyn Thorne	Major employers,
Helen Wilson	Women's groups

It was suggested that another Task Force meeting be held in April to discuss the information collected by each member. This meeting has since been re-scheduled for May 20-21 at the Colonial Inn in Helena. An agenda will be mailed to all members in advance.

WOMEN'S TASK FORCE ON
SUBSTANCE ABUSE

Colonial Inn - May 20, 1978

The Women's Task Force on Substance Abuse met on Saturday, May 20, 1978 at Colonial Inn beginning at 9:00 a.m.

MEMBERS PRESENT:

Gladys Elison
Kay Hanrahan
Martha Herlevi
Pat Knierim
Sherry Pettit
Peggy Skelton
Marilyn Thorn
Carolyn Zimmet

VISITORS:

Char King, Region V Alcohol & Drug Abuse Council, Polson
Mary Lebens, Gallatin Council on Health & Drugs, Bozeman
Delores Wordell, Helena

STAFF:

Bob Anderson, Chief, Reporting & Evaluation Bureau
Alice Berg, Secretary
Norma Jean Boles, Alcohol Consultant, Task Force Chairman
Candis Compton, Employee Assistance Program
Rod Gwaltney, Prevention & Education, Task Force Facilitator
Joan Rutledge, Planner

Norma reported that Bob Anderson had attended the NIAAA bidder's conference in Washington, D.C. regarding the RFP (request for proposal) for the grant and stated that Bob will attend this meeting in the afternoon to give more specific information.

Sherry reported on the recommendation from the Advisory Council which met on Friday. They felt the Task Force should make the recommendation for the RFP and had no objection to a federally funded pilot project with the understanding that the State was not likely to have available funds to continue the project.

Rod called for reports from members:

Gladys had contacted the Western MT Bar Association and found that they had no information regarding alcoholism, but did utilize community mental health centers. She has spoken with the LEAA Executive Director for Region V and they have no training or educational programs specific to alcohol problems with the exception of how to handle a family disturbance. No referrals are made. She has sent a survey to the Ministerial Association but the response is not in. It will be sent to Joan upon completion.

Kay had reviewed a computer printout on alcohol studies from the National Clearinghouse. She stated it was difficult to ascertain but it appeared that in men guilt played a big role but in women depression had a greater effect than guilt. A dual addiction (alcohol and drugs) was a factor as well as the body chemistry of women. Psychological factors - are they pre-existing or the result of alcoholism was not determined. The female alcoholic utilized mental health services to a greater extent than men and do seem to require a longer or different follow-up than males. She stated the booklet "Women & Alcohol" which had been distributed at the last meeting was excellent. Also, the economic factor had an impact on the female alcoholic.

Sherry contacted the Professional Review & Standards Organization but had not received information requested. It appeared it would take an official request from the ADAD office for the Department to get the information but a large amount of statistics would be available from them covering sex/alcohol related medical problems and acute care. Cooperation between agencies was discussed.

Helen Stated that her investigation had covered service clubs and it appeared that if they had a "package deal" they could concentrate on for a short period they would cooperate but she had no information as yet.

Gladys gave a report that the Zonta Club in Missoula had started an acute care/ battered women's facility there and all cases were directly related to alcohol abuse. There have been a number of facilities of this type in the state recently and all have been overwhelmed with the response.

Helen questioned the involvement of law enforcement and alcoholism counselors. ADAD has \$15,000 for law enforcement training. Currently, only crisis intervention is done and they make no referrals or recommendations at all.

Marilyn had contacted some of the major employers in the State of Montana and found that some do have employee assistance programs available to both male and female employees. It appears they are utilized by males to a greater extent but do include women - in most instances these would be secretaries, etc. Burlington Northern, several banks, Cargill Grain, Mountain Bell, General Mills and Hoerner Waldorf were among the companies who had programs. The Anaconda Company, Blue Cross, Buttreys and D.A. Davidson were some who did not.

Carolyn spoke of the lack of available information/statistics. From her experience (Corrections) the younger females have a dual abuse problem and the older group prescription drug/alcohol problems. The influence of the male with whom the female is involved plays a large role in the female behavior. She has found it seems to be easier to eliminate drug abuse than alcohol and persons with a benevolent personality are more apt to be abusers. A tenth grade education, 31.2 years of age, 80% mothers is the average. The female offender has a "macho" feeling which may influence her abuse and she felt the female has a wider range of reasons for becoming an abuser.

Dr. Johnson spoke on "alcoholism" which he used as a title. He stated there was lots of opinion but little truth in this field. The number one problem, he felt, was identification and early intervention. He gave some reports on experimental programs which were in progress and the involvement of body chemistry and other drugs with alcohol/alcoholism. He estimated that 30% of the

abusers were poly drug abusers and "what will the people say" had a big impact on treatment of alcoholism - or lack of it. Confidentiality was a barrier to getting statistics but he could secure information from other countries which may be informative. He stated in treating the female alcoholic you had to treat the whole woman and talked about the detox problems when both alcohol and drugs are involved. A question and answer session was held.

Joan reported that statistics from ADAD show that only 16% (487) of the #,049 clients admitted to alcohol treatment programs in the state are women. There is a higher percentage of Native American women in treatment than Caucasian. This was discussed. Sixty-six percent are self referrals and 67% are unemployed. Drug abuse statistics show 33% female with 70% white and 30% Native American. Discussion.

Norma Boles spoke on the results of the National Coalition report which is out. All states seemed to have similar problems:

- a. Scope unable to be totally addressed due to lack of data
- b. Stigma of being a female abuser
- c. Dual addiction problems
- d. Other health related problems
- e. Alcoholism in female (mothers) more detrimental to children than when male (father) is affected
- f. Women are unemployed or under employed
- g. Rural women tend to use alcohol as an escape

Solutions suggested included:

- a. Better data systems
- b. Resource efforts improved
- c. More facilities for women's treatment
- d. Ancillary services provided
- e. Health problems addressed
- f. Public awareness

Treatments suggested:

- a. Health care including gynecological, etc.
- b. Health education
- c. Child care
- d. Outreach

The meeting facilitator, Rod Gwaltney, stated the office has had inquiries from Utah and Colorado regarding the status of this Task Force. Discussion.

Delores Wordell was introduced at this point and she spoke on her recent attendance at the Johnson Institute. She has requested funds from the Alcohol & Drug Abuse Division to operate a half-way house in Helena for female abusers. She stated that only 8% of the female alcoholics are impacted currently from an estimated 15,000. Nationwide statistics show 8.5% of the population is alcoholic.

After a noon break Bob Anderson, Chief of the Reporting & Evaluation Bureau, ADAD, spoke to the group on his attendance at the bidder's conference in Washington, D.C. regarding the RFP for the women and youth proposal. He stated the deadline for receipt of applications in Washington is June 25 and it appeared the Task Force had four choices to make regarding submitting an RFP:

1. Develop a State proposal and operate a State facility
2. State develop an RFP and contract with a community/program/agency
3. Community programs develop and submit RFP
4. Not submit a proposal

He stated rural needs may have the advantage it was felt, but NIAAA would not say how much money was available or how many RFP's would be funded. The time involved in submitting a proposal was discussed and the task force members felt that they lacked information/knowledge necessary to submit an RFP. The proposal would have to cover comprehensive treatment for females which covers a broad range. Discussion.

Char King spoke on the Region V special grant which covers the needs of women, services current provided and recommendations for treatment. Currently she is interviewing treatment staff (male and female), clients in treatment and agencies. The goal of the study and how it is being done was discussed.

Mary Lebens, Gallatin Council on Health & Drugs, Bozeman, entered the meeting and was introduced. She explained a grant which has been submitted to NIAAA for funding "Rural Women and Leisure Time" and asked for a letter of support from the Task Force for this application. The proposal was discussed and Gladys made a motion that the Task Force send a letter of support to NIAAA for this proposal. Second by Helen, motion carried.

The hot line as discussed at the previous meeting was brought up for discussion at this time and the RFP for women and youth. The possibility of a regional proposal was discussed utilizing existing programs and the feasibility of state-wide coverage in the little amount of time available. The funding is for 5 man years (1 program, 5 persons or variables) and it is assumed this Task Force would act in an advisory capacity. Discussion. Gladys made the motion that the State not submit a proposal but make it available to all alcohol or drug programs to apply as they see fit. Second by Pat, motion carried. Carolyn stated if funds come into the State this Task Force should be involved in some manner with the program funded.

The use of media, both TV and printed copy on the available services and education available was discussed as well as other State's activities involving women's treatment. It was stated that this group is as knowledgeable a group as any in existence from all appearances.

Helen questioned if the treatment programs could be surveyed to see what treatment modalities they felt were effective for females.

Other business included a discussion of current programs (list enclosed). Pat asked if as an educational process for the members program people could be invited to attend meetings and speak to the group. Joan stated no programs have treatment specific to women. Each member was encouraged to contact the programs in her area and become acquainted with them. The indicentials of the release of program statistics was discussed as ADAD did not feel it would be

unwise. Often statistics are used against a program or put a program in a bad light unjustly.

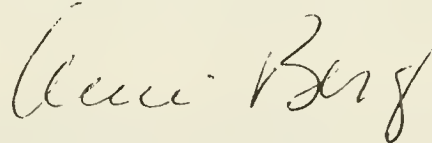
Dr. Johnson discussed motivation for treatment and whether a need generates a goal or vice versa. It was agreed the Task Force members would be polled by telephone for a letter of support if an existing program chose to submit an RFP for women's treatment. The date of the next meeting was discussed, but no specific date set.

It was noted a summer school for alcoholism education was scheduled and would be included with these minutes also and members will be notified of training available. A letter of introduction will be drawn up for members who wish to use these with programs.

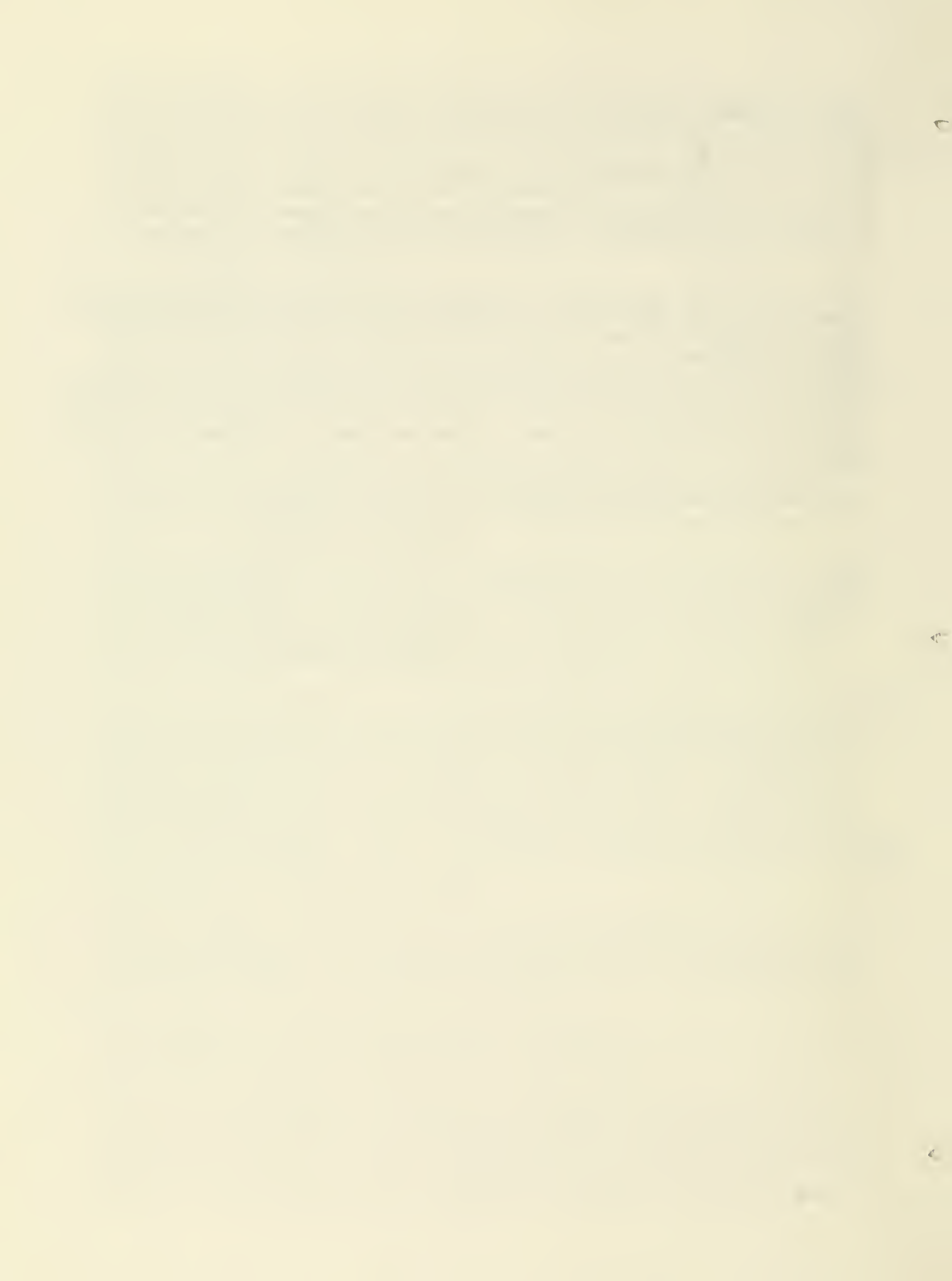
Marilyn Thorne stated each member should take it upon herself to become informed and educate themselves in the area. Alcoholism research and treatment is a continuing learning process, Dr. Johnson noted, and there is no known cure for the disease.

A motion to adjourn was made by Gladys, seconded and carried.

Respectfully submitted,

A handwritten signature in cursive script that reads "Alice Berg". The signature is written in dark ink and is positioned above the printed name.

ALICE BERG, Secretary



MONTANA STATE ADVISORY COUNCIL

ON ALCOHOL & DRUG DEPENDENCY

The Montana Advisory Council on Alcohol & Drug Dependency met on Sunday, June 4, beginning at 6:00 p.m. in the Department of Institutions Conference Room, 1539 11th Avenue.

MEMBERS PRESENT:

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-chairman
Senator Larry Fasbender
Gary Hall
Kay Hanrahan
Sherry Pettit
Joe Plumage

MEMBERS ABSENT:

Peggy Skelton

VISITORS:

Boyd Andrew, MT Council on Alcoholism, Inc., Helena
Dick Baumberger, Director, Providence Alcoholism Center, Great Falls
Florence Cole, Ft. Belknap Alcoholism Program, Harlem
Willowa Horn, Ft. Belknap Alcoholism Program, Harlem
Randy Perez, Ft. Belknap Tribal Council, Harlem
James M. Kaze, Hill-Top Recovery Center Board, Havre
Lynn Minnick, Hill-Top Recovery Center Board, Havre
Dee Phillips, Hill-Top Recovery Center Board, Havre
Dennis Chandler, FM Deaconess Hospital, Glasgow
Kyle Hopstad, FM Deaconess Hospital, Administrator, Glasgow
Harry Knowlton, FM Deaconess Chemical Dependency Program, Director
O.E. Markle, interested citizen, Glasgow
Ron Spragg, Amelia House, Helena

STAFF:

Bob Anderson, Chief, Reporting & Evaluation Bureau
Alice Berg, Secretary
Darryl Bruno, Administrative Director, SW MT Drug Program
Mike Murray, Administrator, Alcohol & Drug Abuse Division
Danny Peressini, Evaluator, Reporting & Evaluation Bureau
George Swartz, Chief, Community & Program Development Bureau

Dr. VanHorne called the meeting to order and the minutes of the last meeting were approved as submitted. Mr. Murray gave background information to the members on the procedures used by the staff in reviewing the grant applications for FY'79 funding and the amount of funding available. He stated Mr. Zanto, Department Director, would have the final approval on the sums awarded to programs and the decision has been made to contract with the Department of Justice to fund the DWI lab in Missoula in the amount of \$40,000.

The visitors were asked to come into the meeting and were invited to make their presentations to the Council. Mr. Hopstad, Administrator of the Glasgow hospital introduced Dennis Chandler who spoke on the success the program has had to this point in exceeding the goals set forth for their third year of operation except in the areas of third party collections. The community and area has accepted the program and it is widely used by the entire eastern part of the State. The increased amount of funding requested in this application is due to some work in the kitchen area. In the beginning it was understood that the Family Training Center would continue the operation of the kitchen, but this has been discontinued and the program will have to take up the responsibility. This includes dietary personnel. Food costs and projections were discussed.

Mr. Markle spoke on the early intervention possible with a facility available and accessible. He stated the community response to the program has been very good. An "alumni" picnic had been held with 200 persons in attendance just the day before this meeting. He expects to participate and become involved in the passage of legislation at the next session of the legislature to insure inclusion of alcoholism treatment in insurance coverage. He stated an alumni group is being developed with the hope of establishing a foundation to support the project.

Dr. VanHorne questioned the number of persons who pay or have their treatment paid for. Mr. Knowlton stated 35%; Mr. Hopstad added that with the additional funds received from medicare and medicaid it was the programs' intent to use the State funds for outreach and the insurance to cover the inpatient costs of treatment.

Mr. Knowlton, program director, was introduced. He spoke on the success of the program from the opening day the 16th of January. Eighteen patients were admitted with 20 on January 30th. By mid-March there was a full-house (30) with a waiting list which is the current status. Early intervention and a well developed referral system with the community alcohol programs is in place and utilized to the alcoholics advantage. Seventy family members have completed that portion of the program; 95% of the patients with families have been enrolled in treatment. Dr. VanHorne questioned the cost of the family involvement and Mr. Knowlton responded the only costs involved are meals and miscellaneous books and literature they take home. A discussion on methods other states use for third party payment was held. The Glasgow program does not have statistics developed as to a return rate, etc., due to the short time the program has been in operation. Data is being collected, however.

Mr. Hopstad talked about the "crunch" the program is in due to the current 103% utilization or third year projection but first year third party payment, collection, etc. He felt the community program counselors relied on the facility due to its accessibility; 65% of the patients have been from eastern Montana and 35% from western Montana.

He stated the Joint Commission on Accreditation of Hospitals would be there in two weeks to evaluate the program. Currently there are only 20 facilities in the United States with this accreditation. Ms. Pettit questioned the amount of money this would require and if it would be worth it to the program. Mr. Hopstad stated they felt it would eliminate any

problems with collections for insurance companies. Mr. Plumage questioned the number of clients who had insurance coverage. This was discussed. The hospital has found that 35-40% of the patients are able to pay for their treatment themselves; they use the collection system established at the hospital, i.e., patients sign a note, etc., accepting responsibility for payment. Discussions with the business office at the hospital make it very clear to the clients that this is not "free" treatment. Miss Herlevi stated she felt the cost (\$2,000) prevented some persons needing treatment from seeking same. She thought more emphasis should be on the patients ability to pay. Discussion.

Mrs. Hanrahan made the point that from the standpoint of the alcoholism worker, the program does deliver the services, is meeting a very real need and is working well. She was reluctant to see any curtailment in the program at this point. Dr. VanHorne asked the source of the clients in the program at this time and the program responded that they come from referrals from programs/counselors in the area. The programs understanding that the Council had agreed to a four year commitment in funding for the facility while it developed third party payments, etc., was discussed. Mr. Murray stated funds cannot be obligated for more than one fiscal year at a time.

The Council thanked the representatives for the information given.

A discussion led by Mr. Murray on monies generated by HB627 was discussed and included:

	FY 1978	FY 1979
State General Fund (beer tax 37.5%)	\$1,252,843	\$1,372,616
City General Fund	2,615,577	2,792,687
County Earmarked Funds	1,159,487	1,271,204
State Earmarked Funds	2,194,426	2,334,934
	<hr/>	<hr/>
	\$7,425,580	\$7,920,308

STATE EARMARKED FUNDS

	FY 1978	FY 1979
Liquor	\$1,352,531	\$1,419,858
Beer (25%)	<u>841,895</u>	<u>915,076</u>
	2,194,426	2,334,934
Galen	<u>1,000,000</u>	<u>1,059,435</u>
	\$1,194,426	\$1,275,449

In Fiscal Year 1979 the legislature appropriated \$808,067 to the Department for expenditure.

Legislative Appropriation	\$808,067
State Office Administration	226,410
	<hr/>
	\$581,657
Federal funds alcohol formula to State	\$101,000
Total now funds available	682,657
Requested Budget addition from Department of Institutions	\$425,224

Mr. Minnick questioned what the Division does with the \$200,000 federal funds it receives with the response that \$100,000 was given to the community alcohol programs. Mr. Baumberger questioned the \$190,000 the State received. Discussion.

The process used to review all grant applications after they were received by the Division was discussed.

The Council then met as Task Force A (Joe Plumage, Gary Hall, Larry Fasbender and Kay Hanrahan) and Task Force B (Bob VanHorne, Sherry Pettit, and Martha Herlevi) to review the program applications and finalize their recommendations for funding.

On Monday, June 5, the Council re-convened the meeting at 9:30 a.m. with all members present as follows:

Robert L. VanHorne, Chairman
 Martha Herlevi, Vice-chairman
 Larry Fasbender
 Gary Hall
 Kay Hanrahan
 Sherry Pettit
 Joe Plumage
 Peggy Skelton

VISITORS:

Dick Baumberger, Providence Alcoholism Center Director, Great Falls
 James M, Kaze, Hill-Top Recovery Center Board, Havre
 Lynn Minnick, Hill-Top Recovery Center Board, Havre
 Dee Phillips, Hill-Top Recovery Center Board, Havre
 Randy Perez, Ft. Belknap Tribal Council, Harlem
 Berna RunningFisher, Medicine Pine Lodge, Browning
 Bob Ross, Rimrock Guidance Foundation, Billings
 Ben Brown, Lewis & Clark Alcohol Program Board, Helena
 Bob Keim, Lewis & Clark Alcohol Program Director, Helena

Ron Spragg, Amelia House Director, Helena
Delores Wordell, Amelia House Board, Helena
Boyd Andrew, MT Council on Alcoholism, Helena
Jackie Trotchie, Butte Indian Alcohol Program, Butte

STAFF:

Bob Anderson
Darryl Bruno
Alice Berg
Danny Peressini
Mike Murray
George Swartz

Mr. Jim Kaze spoke on behalf of the Hill-Top Recovery Center. He stated he felt the time allowed the program to respond to the requests for information, and notice to attend meetings to discuss their applications was too short for the programs to make a proper response. He stated the Board members at Hill-Top did not feel their request was excessive; they operate programs in 7 counties with a native American population of 25%. They have treated over 11,000 persons in their seven years of operation with 1,600 completing inpatient treatment. Their success ratio is above the national average. The average cost of treating a client cost of \$600; those requiring inpatient treatment average \$790.

Mr. Minnick stated the budget submitted by Hill-Top is a bottom line budget. Without that sum of money, the program cannot continue the services currently provided. Senator Fasbender questioned the current funds Hill-Top has in reserve. This was discussed. The inclusion of a negotiation clause in the contract which will be drawn up was discussed. The council thanked the Board representatives for attending the meeting and giving their input.

Mr. Randy Perez, Fort Belknap Tribal Council spoke to the members. He stated the program treats persons who reside for the most part on the reservation and to expect these persons to pay for treatment is unrealistic. Blain County does not contribute their HB627 funds to their program - Hill-Top in Havre received these funds - so they only have their federal funds and what the State gives them to operate their program. He protested a cut of one counselor and travel. This was discussed with the point made that the State would give them a sum of money which the program could expend for the provision of services as they saw fit. Funding the assistant director position was discussed and the cost of food. It was explained the \$1.00 per meal was strictly a raw food cost and did not include any personal services involved in preparing/serving meals, etc. A letter to the Council members was distributed stating program/tribal council concerns. It was explained that the review committee used a yearly average figure for the client numbers. Dr. VanHorne thanked Mr. Perez for his presentation to the Council and stated they could understand his concern but it is impossible to fund all programs at the level requested.

Berna RunningFisher spoke on the problems her program would have if the cuts as proposed by the review committee were allowed. They had included CETA positions when submitting their application and she felt this did not give a true picture of the programs' income. She also stated that the program did not request any increases in salary for their people. Under the CETA involvement, they have to pay a set sum to persons on that program and this makes the program janitor better paid than the program director. It was explained that the staff review committee did not arbitrarily increase salaries of staff but did allow a 5% increase if it was requested. Berna asked that their program be allowed to re-submit an application to make these adjustments. The Council was in agreement that this be allowed.

Mrs. Hanrahan stated she felt the staff was to be commended for the hours of time and work involved in evaluating the applications with standard criteria to equalize the funding reductions. The members concurred.

Mr. Baumberger addressed the Council at this time. He stated Cascade County generated \$400,000 liquor tax funds which he feels should be spent in Cascade County for the treatment of alcoholics. He stated the budget as presented to the Council for recommendations is totally inadequate for the needs of his program. Positions deleted are essential to the operation of the program. The County does give the program HB627 funds but he receives no funds from the city of Great Falls. Services provided by Providence were discussed. It was noted the program has no medical services, LPN, etc., on contract or on the payroll. Senator Fasbender stated the program seemed to have an excessive sum of money expended for administrative services. Mr. Baumberger stated the budget submitted allowed for a 10% expansion during the next fiscal year. Dr. VanHorne thanked Mr. Baumberger for his input and again stressed the fact that the amount of funds available were not adequate to fund all programs at the level requested.

Mr. Bob Ross, Acting Director of Rimrock, spoke to the Council next. He stated Rimrock had a caseload similar to Hill-Top and Providence and he questioned the ability to operate a program with the funding cuts which had been made. He said Yellowstone County also generates more funds than are returned to the county program for treatment and he felt this was unfair. His program serves a number of counties and they felt they would be unable to do this on the sum of money granted by the State. Philosophies of treatment and cost effectiveness of modes of treatment were discussed.

Mr. Bruno stated Rimrock was allowed a sum of money for administering each county's programs. Mr. Ross stated the program did not feel they could administer these programs on that mount of money. He stated the Yellowstone County funds received by the program are earmarked by the county for detox only. This was discussed as well as the 15% sum allotted to the mental health program. The legality of mental health receiving funds for the treatment of alcoholism in addition to the federal funds and county participation already received was discussed. Mr. Murray stated this is being investigated. Senator Fasbender questioned the client load the program has; services provided include detox, intermediate care and outpatient. Rimrock also operates a program under a separate contract with ADAD for a children's program. A discussion was held on the numbers of persons required to operate a detox facility and the advisability of contracting

this service to a hospital was discussed. Dr. VanHorne thanked Mr. Ross for his participation and again stressed that program requests cannot be honored with the amount of funds the Division has available.

Jackie Trotchie spoke to the group and stated Indian programs are not receiving their share of the funds allocated. Their program cannot operate within the limits the Division has established. 50% of the clients in the program are non-Indian. Their PSC/CETA positions were discussed. She stated she felt the Division was overstaffed and the amount of funds spent was excessive. More should be made available to the local programs. It was explained the majority of federal funds received in the State of Montana are funds directly to Indian programs. The Division receives \$200,000 alcohol formula funds, \$190,000 alcohol incentive grant funds of which 20% is utilized on the State level. The Division employs 16 persons with another 16 drug program staff. Discussion.

Mr. Keim introduced Ben Brown, a member of the Lewis & Clark Alcohol Program Board. He spoke about the program they operate and its involvement with Galen for treatment of outpatients. The duplication of services between this program and the mental health program was discussed as well as the allocation of the county funds. Mr. Keim talked about the financial problems the program has and will have with the amount of funding allocated. Dr. VanHorne thanked the gentlemen and again stated with the available funds it was not possible to give the programs the amounts they had requested. Cuts had to be made.

Mr. Ron Spragg updated the members on the attempts for other funding for Amelia House in Helena to date and stated they will exhaust all other routes. Mrs. Hanrahan asked if the program was aware that the Council considered them a new program and therefore not a priority for funding. Mr. Spragg was aware of that.

Berna RunningFisher addressed the group again and asked for verbal approval for the 5% salary increases for the staff. This was allowed. Discussion.

At this point the Council gave their recommendations for funding as follows:

	STATE Funding	TOTAL Operational Budget
High Plains Council for District I	\$ 11,367	\$ 71,014
FM Deaconess Hospital Chemical Dependency....	245,419	353,419
<u>Discussion:</u> third party payment would be reviewed in October/November with an additional 78,000 available to the program if necessary.		
District II Public Alcoholism Program.....	23,435	60,000
<u>Discussion:</u> serves a large area (several counties); client load		
Tri-County - Baker.....	15,626	25,504
Rosebud/Treasure Counties.....	6,409	24,020
Medicine Pine Lodge.....	15,986	169,910
<u>Discussion:</u> includes the 5% increase requested		

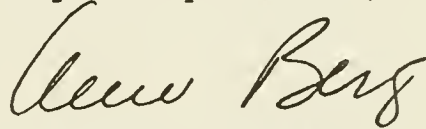
Ft. Belknap Tribal Alcoholism Program	9,426	103,508
Hill-Top Recovery Center.....	44,647	207,224
<u>Discussion:</u> Contract will contain a renegotiation clause		
Providence Alcoholism Program.....	42,631	230,935
Rimrock Guidance Foundation.....	68,469	446,197
Alcohol & Drug Services of Central MT.....	23,386	46,660
SC MT Mental Health.....		
<u>Discussion:</u> Big Horn Co. (Hardin) program.		
Current contract expires in January 1979.		
Consider at that time. Set aside 14,000 for that contract.		
Wheatland Family Services.....	22,117	29,981
SC MT Mental Health (Region III).....	review not complete	
Custer County Alcohol Program.....	18,565	41,339
Holy Rosary - Miles City.....	review not complete	
Northern Cheyenne.....	review not complete	
Day by Day.....	review not complete	
The Castle.....	review not complete	
Ravalli Co. Chemical Dependency Program.....	8,810	33,343
Alcohol Service Center of Lincoln Co.....	65,945	92,480
Sanders' Co. Chemical Dependency Program.....	17,268	29,586
Alcohol Service Center, Kalispell.....	29,725	172,033
Problem Drinking Center of Park Co.....	21,657	45,236
Flathead Alcoholism & Drug Abuse Center.....	-0-	287,349
SW MT Mental Health.....	-0-	278,403
Powell Co. Alcohol Program.....	31,169	40,769
Amelia House.....	-0-	91,533
<u>Discussion:</u> Rent figure excessive; re-examine in September. Low priority as it is a new program.		
Lewis & Clark Alcohol Program.....		
<u>Discussion:</u> Two programs in county; staff decision to be made after meeting with the county commissioners.		
Alcohol Action Inc., Mineral co.....	11,381	19,591
Alcohol Action Inc., Missoula Co.....	no action taken	
Regional Counseling, Educational & Development Services.....	no action taken	
<u>Discussion:</u> new inpatient program		
Missoula General Hospital.....	no action taken	
<u>Discussion:</u> No recommendations were made for Missoula County programs at this time. The county commissioners will designate a program to receive county funds and a decision on State funds will be made by the staff at a later date.		
Missoula Indian Alcohol & Drug Program.....	20,545	88,045

Senator Fasbender moved that the Council recommend to the county commissioners that Lewis & Clark County fund one outpatient and one for inpatient. Second by Gary Hall. Motion carried.

Joe Plumage made a motion that these recommendations be approved and the remaining applications be tendered to the staff of ADAD for recommendations and action after meetings with the commissioners in the counties involved (Missoula and Lewis & Clark Counties). Second by Gary Hall. Motion carried.

The meeting was adjourned at 6:00 p.m.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg". The signature is written in dark ink and is positioned above the printed name.

ALICE BERG, Secretary

MINUTES
MONTANA ADVISORY COUNCIL ON
ALCOHOL AND DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Conference Room, Department of Institutions, 1539 11th Ave., Helena, MT on May 19, 1978 beginning at 9:00 a.m.

MEMBERS PRESENT

Robert L. VanHorn, Chairman
Martha Herlevi, Vice-chairman
Larry Fasbender
Gary Hall
Kay Hanrahan
Sherry Pettit
Peggy Skelton

MEMBERS ABSENT

Joe Plumage

VISITORS

Naomi Kennedy, MH Program Specialist, Region VIII HEW, Denver
Ted Fasso, MH Regional Consultant, Region VIII HEW, Denver
Dick Baumberger, Providence Alcoholism Program, Great Falls
Emma Evans, Alcohol Service Center, Libby
Ralph Herriot, Problem Drinking Center of Park Co., Livingston
Mary Long, Problem Drinking Center of Park Co., Livingston
Jane Jesson, Alcohol Action Services, Missoula
Marie Morton, Alcohol Action Services, Missoula
Ron Sprague, Amelia House (proposed), Helena
Delores Wordell, Amelia House (proposed), Helena
Bob McConnell, Region V, Prevention/Education Officer

STAFF

Bob Anderson
Alice Berg
Mike Murray
Joan Rutledge
George Swartz

Dr. VanHorn called the meeting to order. Mr. Anderson was called on to report on development of the Regional plans which will become the State Plan for Substance Abuse. Bob explained that the RADRDS, Ron Hjelmstad and Ken Anderson, developed them for their respective regions and individuals were contracted for the work in the the remaining three regions. These persons were Dick King, Region II; Barry Potter, Region III and Lynne Scott, Region IV.

An overview of the plan was given by Joan Rutledge, Program Planner. She stated the comment which appeared in each of the Regional plans submitted was "adequate funding for existing services." Each of the plans were developed as per a standard format so it will deal with the same issues in each region rather than as separate regional plans. Senator Fasbender questioned if the priorities established by the regions would become the State priorities. Mr. Murray stated yes, and treatment would be the number 1 priority.

The status of the Miles City program (Holy Rosary) was discussed and Senator Fasbender questioned if they were still with their original proposal. The ADAD office has not been notified otherwise. Detox facilities in communities were discussed and the "revolving door" which seems to have developed at Kalispell after one was established there.

Bob Anderson discussed the trip to Washington, D.C. to the Bidder's Conference for developing a "Request for Proposal"(RFP) for the treatment of women or youth. The Division had discussed the feasibility of establishing a residential facility for women which would be a comprehensive program for women only. The feasibility of this as well as developing a special womens treatment modality which could be incorporated in existing programs. This matter was tabled pending discussion and action by the Women's Task Force on Substance Abuse which will meet on Saturday and Sunday. The Council felt any action should be taken by that group but did feel that the programs are not reaching women at the present time. It was agreed that additional information was necessary prior to action. Dr. VanHorn stated existing programs should be re-developed to include womens treatment and Ms. Pettit made the statement that existing services may need to be assessed and effective treatment developed. Mrs. Skelton felt the Women's Task Force would become involved in this.

Emma Evans, Libby, questioned that women required different treatment as an alcoholic than men. Mrs. Skelton stated further action/discussion should be held after the Task Force meeting input. Bob Anderson pointed out that it appeared there were three options - (1) the State develop an RFP; (2) State develop RFP and contract with community program for implementation; (3) a community program develop the RFP and operate the program. These funds are available on a one-year basis (or 5 man-years; i.e., 5 staff, one year). This was discussed and Naomi Kennedy stated all phases of treatment of women would have to be involved; i.e., pregnancy, pre/post natal, menopausal age, childcare while in treatment, etc. No money limitation has been established for a minimum or maximum amount. Mr. Fassio stated that women as directors would be encouraged. Ms. Kennedy stated she had sat in on a training session for "Women in Treatment" while in Glasgow and was impressed with it. Training geared to women could be part of an RFP.

Mrs. Morton stated the Missoula program had a 50% female participation but felt a half-way house for women would be extremely desirable because of the economics involved with females (lower earning capacity), difficulty in securing a place to live which includes children on the income they can earn and the differences this would make in the rehabilitation/treatment of females.

Mr. Fasso stated transitional living facilities vs half-way houses should be considered. He also stated that currently the ruling stated that alcoholics are handicapped persons and thus may fall under some assistance categories which did not apply in the past. These should be considered.

Dr. VanHorn questioned the federal view of the alcohol/drug involvement. Mr. Fasso stated a program which mixes youth/adult is discouraged - separate treatments or facilities should be developed. Mr. MacConnell stated he felt special needs of women can be met in the existing programs as special components; maintaining the sobriety of women is no different than for men. Dr. VanHorn felt it was necessary to maintain the current level of services and Mr. Murray stated he questioned the programs statement that funding is inadequate at the current time. This led to a discussion by Mr. Fasso on the State policy on charging fees and this impact on "freeing up" funds for other special research, etc. Insurance was discussed.

The involvement of the counties with the treatment of alcoholism was discussed since they receive funds under HB627. Ms. Pettit questioned where Montana ranked in treatment programs (quite high). A discussion was held as to progress is measured and Mr. Fasso stated considering the progress made in the past 20 years progress is good. Statistical procedures were discussed and the impact of the Management Information Systems. The differences in funding procedures between National Institute on Drug Abuse (NIDA) and NIAAA was discussed. Programs using the NIDA slot/matrix method have some advantages, but the programs have a tendency not to like that method of funding.

Mr. Murray asked if the Council would concur with adopting a State policy discouraging new (duplication of services) programs and maintaining services in all 56 of the counties. This would include recommendations to cities and counties that without justification of new treatment modalities new programs would not be funded on any level. The amount of funding available was discussed and the county involvement as a result of HB627. This has presented a very real cash flow problem to the local programs and some serious problems have developed around this. Mr. Murray commented on the State's "cost of space" problems.

Residential criteria, locations were discussed. Currently Missoula (Missoula General Hospital), Havre (Hill-Top), Glasgow (Big Sky Chemical Dependency Center), Butte (Care Unit), and Miles City (Holy Rosary - not in operation) have approved residential facilities. HSA would be involved in any new facilities starting up. Currently bed utilization of 75-80% is considered very good and a staff client ratio of 1/15 inpatient, 1/25 outpatient.

A discussion was held after a break of the Council's ability to establish goals and objectives. Members felt they were not able to make a valid judgment and did not feel comfortable making decisions along these lines. This was discussed and Senator Fasbender stated he thought this was a problem all board and council face - the level of involvement with the agency. This was discussed.

At this point Mr. Murray presented the \$190,000 Federal Incentive Grant budget to be expended as follows:

- \$15,000 - Criminal Justice/Law Enforcement/Judicial
- 25,000 - Certification
- 116,500 - Medical Detox (will include Great Falls, \$50,000)
- 27,000 - Multi-regional Advocate Trainer (Bob MacConnell)
- 6,500 - Integration of DWI statistics

Dr. VanHorn asked for a motion to accept the goals as presented and the budget as above. Senator Fasbender so moved, second by Gary Hall; motion passed.

Robert MacConnell reported on the status of his region prevention/education goals and objectives. They covered development of DWI court schools, alcoholism seminar for law enforcement personnel (this had a low attendance and as a result will be continued on an individual basis), alcohol and drug training in social work classes at the Dawson Community College and the referral system with adult and juvenile probation and parole officers.

The Employee Assistance Program of the ADAD was discussed by George Swartz. This program is currently operational. It has expanded as a result of some PR work and functions mainly as a referral agency. Martha Herlevi made the motion to give George Swartz a vote of confidence to continue the program; Gary Hall seconded the motion. Carried.

George also reported on the Status of the DWI program. This has been a somewhat cooperative arrangement between the Department of Community Affairs, the Justice Department and this Department. Dr. VanHorn questioned if this also involved the grant application for funding the DWI lab in Missoula and was informed that, yes, it was. A discussion on the problems the programs have had around supplies, etc. for the program was held and George explained that the reason for this Department becoming involved with the delivery of services was so that the alcohol programs would be the service providers and receive the \$50 per client for the schools rather than the courts allowing "moonlighters" or mental health offices to become the instructors. It was the feeling of the Division that in many instances these persons may need the services of the alcohol programs and could more easily identify problems drinkers/alcoholics who may need treatment than persons not associated with alcoholism. The Division will accept responsibility for their area of responsibility. Mr. MacConnell asked that all counties be checked to see that the fees charged are the same as well as the materials used in the schools. Mr. Anderson responded that will be covered in the program evaluation. The effectiveness of the program can be monitored as DWI clients are enrolled in the MIS. The Highway Patrol is also documenting the effectiveness of this program.

County disbursement of funds was discussed. This office has a problem in securing accurate information as to the amount of funds the counties give the programs. We have access to the actual amount available, but no way to ascertain that is the sum the program receives. Mr. Murray explained the contract procedures to renegotiate contracts when it is found they are receiving more funds than necessary to less than necessary. Senator Fasbender questioned the instance of a county giving a program more funds than generated and Mr. Murray responded that in those instances the county gave the program the one-seventh portion which they may retain for administrative costs. Discussion.

Mr. Fasso spoke on visiting the facility at Glasgow Valley Industrial Park just prior to attending this meeting. He stated there were 31 patients at the facility as well as family groups using a fairly standardized program. Twenty-five percent of the people who enroll do not finish the program. Alternative treatment modalities should be developed. There was a training session in progress at the hospital which was excellent. A 40% self sufficient status was reported and this was due to a great part in the collection process established at the hospital which is an integral part of admitting a client. He suggested the Salt Lake Cottage Program as an alternative treatment. Currently, 80% of the clients do not have a family. There was agreement from the persons in the meeting with Mr. Fasso's assessment of the program.

The Touche Ross evaluation of ADAD was discussed. It has been recommended that the Division add 2 staff members - a contract monitor and an on-site evaluator. Dr. VanHorn questioned the "bidders conference" statement contained in the evaluation and it was explained that this was a process whereby the programs would be notified of the available amount of funds, what the requirements for applying were and the reviewing process prior to awarding the grants.

The amount of funds available through the ADAD was discussed. One million one hundred fifty-five thousand dollars will be generated through HB627 of which \$881,000 was appropriated (the amount the legislature allows the Division to expend) plus \$100,000 NIAAA funds. The difficulty in getting a budget amendment to authorize expenditure of the total amount of funds was discussed. It is believed the intent of the legislature was that the entire sum generated by HB627 was to be utilized for the treatment/rehabilitation of alcoholics and their families.

The grant application review process was discussed. The Council agreed that they should review applications from programs not from the region or area where they reside and be divided into two groups of four each. The staff will notify members and send copies of the applications to be reviewed. The date of June 4, 5 and 6 was established to meet beginning at 6 p.m. the 4th.

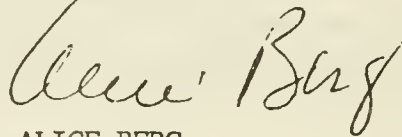
Dr. VanHorn read a letter written by the Missoula County Commissioners after receipt of notification from ADAD requesting determination of the local programs to be funded with County monies. Mrs. Morton gave some background on the problems Missoula County is currently in and a discussion on new programs who would only duplicate services currently provided was held. As the law is now written, the State is obligated to approve/disapprove programs based on established criteria regardless of the number of current programs available in an area/town. If a new program requests approval from the State and meets the requirements there is no legal basis to disapprove the program. It is apparent this can/does cause problems if the County chooses to divide the funding available to the point that a program cannot be operated effectively with the funds available to them. Several programs in the same area with separate administration would certainly limit the amount of funds available for the rehabilitation or treatment of the alcoholic. This was discussed at length. Mr. Murray stated he would attend a meeting the County Commissioners will hold and would hope this problem can be resolved. It was the general feeling of the members that the amount of funds Missoula County would allocate to the County

5/19/78

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Welfare Department may set a precedent for other counties to follow and funnel an excessive amount of money to welfare programs instead of alcohol programs. This was discussed further.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg". The signature is written in dark ink and is positioned above the printed name.

ALICE BERG

MINUTES

MONTANA ADVISORY COUNCIL ON
ALCOHOL AND DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Conference Room, Department of Institutions, 1539 11th Ave., Helena, MT on March 6, 1978 beginning at 1:00 p.m.

MEMBERS PRESENT:

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-Chairman
Peggy Skelton

MEMBERS ABSENT:

Senator Larry Fasbender
Lt. Gary Hall
Kay Hanrahan
Sherry Pettit
Joe Plumage

VISITORS:

Region V RADRDS
Ken Anderson

Sobriety, Inc.
Boyd Andrew
Cliff Christian

Providence Alcoholism Center
Dick Baumberger
Shirley Stoneberg

Montana Alcohol Prevention Trust
Dale Divish
Paul Everett, Jr.
Don Holmes
Lynn Minnick
Diane Savage

Alcohol Programs of Montana
Harold Schutt

Butte Indian Alcohol Program
Ozzie Williamson

MT Department of Health & Environmental Sciences
Yvonne Silva

STAFF:

Alice Berg
Rod Gwaltney
Norma Jean Murphy
Mike Murray

The meeting was convened but as a quorum was not present, no business was conducted. The following items were discussed.

Dr. VanHorne spoke on the hearing he attended February 9 on the Human Services proposal. Points emphasized included division autonomy and no additional regionalization. Miss Herlevi has testified prior to this meeting in Billings. It appears the input was recognized as valid and will have an effect on the outcome of the proposal.

Norma Jean Murphy reported on the Women's Task Force meeting which had been held the weekend prior to the Council meeting. She stated the meeting was productive and the next stage should be ready when the Council meets again. A discussion was held on the best date and April 28 was set for the Council and 29 and 30 for the Task Force.

Boyd Andrew introduced Cliff Christian who gave the background and goals of Sobriety, Inc. They have submitted a grant to NIAAA for \$50,000 and plan to enroll members in the organization at \$10 each and offer memberships to corporations at \$1,000. Their goals include formulating volunteerism, intervene in state and local politics and involve private industry and labor. A discussion of the relationship between Alcohol Programs of Montana/Montana Alcohol Prevention Trust/Sobriety, Inc. was held with the point made that APM represents providers, the Trust long term research, and Sobriety implementation. Sobriety would be the lead organization.

Plans for Sobriety, Inc. include public involvement (Neil Scott, National Council on Alcoholism is an advisor), radio, TV, a newsletter, "how to." Individual chapters would be organized in each county with many types of promotions. Funds would be available to train local alcohol boards on their responsibilities; 60% of the NIAAA grant would be utilized in training. Harold Schutt made the statement that currently it is very difficult for one person to be a fund raiser, a teacher and a counselor at the same time and was in favor of the project. Discussion.

Don Holmes, Montana Alcohol Prevention Trust, talked about the intent of this project, personnel involved, meetings and projects. They are holding an essay contest on alcohol and have spoken with the Office of Public Instruction and have been assured of their cooperation. First prize for a high school student will be \$500 and junior high \$300. The contest will be held in April or May 1978 with the award made in September. All of the particulars of the contest have not been worked out at this point. Goals for 1978 include research, evaluation and development of theories; methods which will work in the treatment of alcoholism and the dissemination of these methods to programs to be used for treatment and prevention of alcoholism. Mr. Lynn Minnick added that the Trust needed a "loan" for initial start-up funds but it was expected to be self-sufficient within a period of time and would repay this loan. Mr. Murray questioned the amount of funds necessary. Mr. Baumberger asked if this is a duplication of Sobriety, Inc. Dr. VanHorne stated these organizations will have to have a good deal of interaction and cooperation. Mr. Holmes requested time at the next Council meeting for a formal presentation of the proposal. Granted.

Mrs. Skelton gave her change of address: 204 Simon, Missoula. Contact her there and she will be pleased to participate in meetings held in Missoula.

Dr. VanHorne reviewed the composition of the Council. This was discussed. Miss Herlevi stated she felt eastern Montana was not adequately represented on the Council, of the eight members only one was from the eastern part of the State. Mr. Williamson questioned the Indian representation and it was pointed out two are tribal members. Mr. Minnick stated membership required personal commitment. At one time it was recommended that the Council be comprised of a member from each of the 12 Governor's districts. The size of the Board and the ability to secure enough members to have a quorum was discussed. Mr. Murray stated the staff would devise an evaluation form which would be sent to the current Council members for a self-evaluation which would be sent to Dr. VanHorne. No changes are anticipated until at least July.

Ms. Silva spoke on the drug component of the Health Systems Agency State Plan. The dual addiction (alcohol/drug) was discussed. Sub-area hearings will be held before this component is finalized. They are as follows: March 18, 1:00 p.m. Mental Health, Glendive; April 5, 7:00 p.m. Holiday Inn, Bozeman; April 6, 7:00 p.m. War Bonnet Inn, Billings; April 12, 7:30 Middle School, Polson; April 13, 7:30 Glacier Electric, Cut Bank.

Mr. Swartz reported on his site evaluation with the NIDA representative, Mr. Arnold Mills. Montana is being switched to the Los Angeles area administration along with North and South Dakota and Wyoming. The SMDP offices were visited as well as Rimrock, Missoula and Bozeman, contract agencies of the drug program.

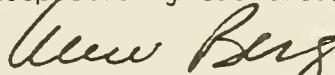
A legal opinion on the authority to challenge Silver Bow County on the expenditure of HB627 funds on a non-approved alcohol program was sought by Mr. Murray. Nick Rotering, Legal Counsel for the Department, stated this Division is responsible to initiate action in this instance.

Mr. Williamson questioned the Council's award of \$30,000 to Big Horn County for the urban Indian alcohol program. This was discussed with the point made the Missoula Indian Alcohol & Drug Program received their request and Big Horn County was the second priority.

At this point the budget for Providence Alcoholism Center was discussed. It was recommended by the Council members present that the staff of ADAD work with Providence to see if assistance can be given at this point. It was estimated that there may be approximately \$40,000 which could be utilized in this manner. Mr. Baumberger felt there may have been some programs which received a larger sum than necessary for their operations to the detriment of Providence. Dr. VanHorne agreed that disparities may exist in the awarding of funds, but felt that overall, statewide, substantial progress has been made and it was impossible to meet all needs under the circumstances utilized. This was the feeling of the Council members in attendance. Discussion.

There being no further items for discussion, the meeting adjourned.

Respectfully submitted,


ALICE BERG, Secretary

M I N U T E S
of
ALCOHOL & DRUG ADVISORY COUNCIL

The Advisory Council met in the Department of Institutions' Conference Room, Helena, Montana, on Monday, June 27, at 2:00 p.m.

Members Present:

Robert L. VanHorne, Ph. D. - Chairman
Gary Hall
Joseph Plumage

Members Absent:

Senator Larry Fasbender
Kay Hanranan
Martha Herlevi
Sherry Pettit
Peggy Skelton

Guests:

Boyd Andrew, Boyd's Guest House, Helena
Dick Baumberger, Providence Alcoholism Center, Great Falls
Don McDonald, Region II RADRDS
Berna RunningFisher, Flackfeet Tribal Alcoholism Program, Browning

As the three members present did not constitute a quorum no business could be transacted. The following discussion was held:

The Bureau intends to advertise in major Montana newspapers the availability of alcohol funds during the weekend of July 10 with the applications due September 2. They will be reviewed by Bureau personnel the week of September 5-9 and mailed to the council along with the Bureau recommendations the week of September 12. The Council review will take place at the September meeting expected to be during the week of 19-23 which will be held in Eastern Montana. The possibility of meeting in Helena for this review and then taking a State plane to Eastern Montana was discussed and may be a possibility.

It was agreed that programs operating with County funds would be expected to meet the same criteria as State funded programs.

The Valley Industrial Park, Inc. correspondence was discussed. Letters stating Legislative intent were presented for Council review. Mr. Murray stated that the Director of the Department of Institutions, Larry Zanto, does intend to advertize the availability of funds for an eastern Montana treatment facility(s) as discussed at a previous meeting.

The alcohol lab funding request from the Department of Justice was discussed and it will be reviewed along with the other applications at the meeting in September. The consensus of the members present was that it was a valid project and the application will be reviewed along with other new alcohol applications at the September meeting.

Dick Baumberger questioned the cut in the interim funding for Cascade County. Mr. Murray explained that the interim funding grants were a "hold the line" budget and would not fund new positions. New positions must be held up until the November 1, 1977 grants are available.

A request for funding from Galen State Hospital AT & R was reviewed along with the report for the summer alcohol school session recently held at the College of Great Falls. Dr. VanHorne felt funds expended for projects like summer schools and training sessions gave a better return for the investment than anything depending upon TV to reach viewers. The budget for the summer session was \$5,000; the movie budget would be \$9,273. The members present requested Mr. Holmes submit a proposed script for review by the Council. Dr. VanHorne also expressed his interest in reports similar to the one on the summer school. He felt this gave the board very useful information and allowed them to judge the results of projects. He asked that concise reports similar to the one on the summer school be given to the Board and was especially interested in the results of the mini-grants projects.

Alcohol priorities were finalized:

ALCOHOL PRIORITIES FY '78

1. Continue Regionalization	\$110,000
(Regions I & V Staff; program related projects Regions II, III, IV)	
2. Continue Alcohol Management	\$ 20,000
Information System	
(12 mos. secretary; 6mo. project manager and operational costs)	
3. Urban Indian Alcohol Program	\$ 30,000
4. Develop Alcohol Prevention System	\$ 22,500
5. Woman's Issue Task Force	\$ 10,000
6. Youth Issues Task Force	\$ 7,500
TOTAL	\$200,000

Dick Baumberger questioned the possibility of Title XX funding becoming available to alcohol programs. Mr. Murray stated they are being utilized by SRS and it is anticipated none would be available for alcohol program funding. He questioned if 627 funds could be used for capital expenditures and Mr. Murray agreed they could.

A memo regarding alcohol /drug counselors for the correctional institutions to Mr. Murray from George Swartz was discussed and it was agreed the project should be funded with the \$5,450 for match money for the federal LEAA grant and \$15,000 from the State Drug Abuse funds. The Prison at Deer Lodge would likely be served from this office, Swan River from the Polson office, and Pine Hills contracted through the Mental Health Center in Miles City.

The FY '78 Drug Plan Priorities and Significant Features report was discussed with Barry Potter, consultant for the Bureau.

Julie Wagner and Marie Harlan from the Gallatin Council on Health and Drugs who administer the Gallatin County Families are Responsible (FAR) program discussed their request for funding this project. The feeling of the members present was this was a good use of drug funds.

Mr. Potter discussed the status of the State Drug Plan and stated it would be similar to prior years with emphasis in a few different areas. He reported that Mr. Arnold Mills, National Institute of Drug Abuse, will be in the office for a couple of days to assist in development of the Plan.

NIDA involvement with programs was discussed. Mr. Plumage questioned the validity of the Morningstar program. It was pointed out that the Morningstar grant is a demonstration grant and therefore does not require compliance as some other grants do. Dr. VanHorne questioned if there was a penalty for programs who do not meet their goals and objectives. Mr. Murray stated if identified by evaluation, funding could be reduced or the entire grant or contract terminated; however, neither generally occur.

The involvement of the Health Systems Agency with the State Plan was discussed. It is expected that in the future additional involvement with this agency will be necessary.

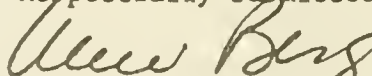
Mr. Murray stated there would be someone from NIAAA available to review the State Alcohol Plan Wednesday, August 3 - this date was set for a Council meeting at 10:00 a.m. in the Department Conference Room. Boyd Andrew announced that Neil Scott from the National Council on Alcoholism will be in the area August 5 with the intention of assisting a group with the development of a State Alcohol Council.

Mr. Murray stated there will be a public hearing held on the State Plan prior to its being sent to NIAAA.

Mr. Plumage questioned the decision to discontinue the RADRDS position in Region II. He felt it gave the Indian programs a sense of belonging and he expressed the desire to continue the project. Mr. Murray stated he would develop a proposal for review by the Council to continue the project in some form.

This covered the items before the Council at this time and the meeting adjourned.

Respectfully submitted,


ALICE BERG, Secretary

MINUTES
MONTANA ADVISORY COUNCIL ON
ALCOHOL AND DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Conference Room, Department of Institutions, 1539 11th Ave., Helena, MT on January 27 and 28, 1978 beginning at 1:00 p.m.

MEMBERS PRESENT:

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-Chairman
Senator Larry Fasbender
Kay Hanrahan
Sherry Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT:

Lt. Gary Hall

VISITORS:

Bureau of Health Planning & Resource Development
Yvonne Silva

Providence Alcoholism Center/Region II
Dick Baumberger

Montana Chapter National Council on Alcoholism
Boyd Andrew

Region V RADRDS
Ken Anderson

Alcohol Action Services, Inc., Libby
Emma Evans, Counselor

Alcohol Service Center, Inc., Kalispell
Harold Schutt

Legislative Council
Dennis Taylor

Rimrock Guidance Foundation
Howard Simmons, Executive Director
Jim Anderson, Vice-Chairman of the Board
Judge Don Bjertness, Board Member
Ben Bushyhead, Counselor

SW MT Mental Health & Alcohol Services
Jim Scott

STAFF:

Alice Berg
Rod Gwaltney
Norma Jean Murphy
Mike Murray
Terry Stanclift
George Swartz
Larry Zanto

Dr. VanHorne called the meeting to order and the minutes of the last meeting were approved. Motion by Mrs. Skelton; second, Miss Herlevi.

Yvonne Silva gave a report on the sub-area hearings currently being conducted to establish the alcohol services component of the Health Systems Agency State Plan. She expressed appreciation for the input from both ADAD and the Alcohol Programs of Montana. The component has been well-received in the hearings but there was concern among some of the hospital and medical personnel regarding certification. Field work to compensate for this will be done.

Hearings and comments will be up for final review by the Planning Committee within a month. Mr. Murray will attend. Ms. Silva stated some persons voiced a concern that ADAD would become too powerful with too much control over the funds for alcohol programs and some type of fee for service vs grants should be explored. Miss Herlevi questioned the certification problems presented. She stated many counselors are more able to handle an alcoholic than a nurse or medical professional due to the experience and training they have received. Dr. VanHorne questioned who established the criteria for counselor certification. This was discussed.

Senator Fasbender questioned the fee for services vs grants proposal. This was discussed with the point made by Ms. Silva that some of the program people felt the fee for services would eliminate the competition for funding as currently exists.

She stated the drug component would be available within two weeks but with the method currently used to report drug/alcohol abuse there is no way to assess the number of poly drug abusers so the statistics seem slim in this area when in actuality, they are not.

Mr. Stanclift reported on the status of the summer school proposal. All of the colleges/universities of the State have been contacted and a decision will be made in the near future as to the time and place for the summer school. Responses have been received from Eastern Montana College, Western Montana College, Carroll College, College of Great Falls and the University of Montana. Dr. Van Horne questioned the instructors/staff for the session and Mr. Stanclift stated the host school was not required to provide the personnel to conduct the school. Last year over 500 persons were impacted at the summer session and it was felt the response would be at least as good this year.

Norma Jean Murphy reported on the status of the Women's Task Force on Substance Abuse. The selections from each of the regions have been made and each of the persons contacted. They are as follows: Region I - Pat Knierim, Glasgow;

Region II - Robin Bailey, Great Falls; Region III - Helen Wilson, Billings; Region IV - Karen Sloulin, Butte; Region V - Gladys Eliason, Missoula. The medical advisor is Melvin J. Johnson, M.D., Missoula, current Montana State Chairman of the American Medical Society of Alcoholism. Others include Mrs. Helen Murray, Helena; Carol Judge and Carolyn Zimmet, Chief, Community Services Bureau, Corrections Division, Department of Institutions. The inclusion of a Native American was desired and several persons were named and a selection will be made.

Rod Gwaltney spoke on plans for a 2-day workshop to develop goals and objectives for the Task Force. It is planned for Helena, March 4-5. He noted that as currently established, The Council has voting power but not the Task Force members. It was agreed by the Council that voting power should be held by members of the Task Force. Motion by Sherry Pettit, second by Dr. VanHorne. Carried.

The Human Services reorganization proposal was discussed. Mr. Murray stated that at this time, there was no stand taken by the Department or the Administration on this subject. There will be a public hearing February 10 at the SRS Conference Room to take testimony on this proposal. Currently, the Department has little information to give background or information regarding this proposal. It was the feeling of the Council that with just this information, an intelligent stand was difficult to make. Mrs. Hanrahan questioned the cost effectiveness of such a vast umbrella agency as proposed. Senator Fasbender questioned additional background information and contacted the Legislative Council for someone to speak to the Council members to get this information. Mr. Dennis Taylor will speak to the group as soon as he is available. Mrs. Hanrahan stated she had to get background but had no results. Mr. Harold Schutt stated local programs felt this only made the levels of bureaucracy deeper and harder for the community program people to cut through with regionalization as proposed in the paper. The Council felt changes should be consistent with State and Federal level action. Subject tabled until Mr. Taylor could appear before the Council.

Mr. Murray addressed the Council with a proposal for an additional State Plan for Alcohol Abuse for FY'78. This would bring in an additional \$200,000 to the Department and make the State current as to State Alcohol Plans. This plan would have a single goal - to continue funding community alcohol programs. It is expected to be completed and submitted within a week. The Council was in agreement with the proposal as submitted.

Mr. Murray reported the liquor revenue for the past quarter ending December 31 was up 12% from last year. Programs should have these funds available to them after the 10th of February. It seems apparent at this point, that contracts would be renegotiated with some programs as a result of additional funds becoming available in some counties than was anticipated, thus the State portion could be reduced. All contracts were written with a clause allowing renegotiation and programs are aware of this. At this point, the amount of unincumbered funds that may be available is very uncertain, but a final figure will be available in the near future.

Senator Fasbender questioned the proposed budget amendment presented to the Council members. Miss Herlevi questioned the 1/7 portion which the Counties may retain for their use. This sum can be used for anything, it is not earmarked for alcohol treatment, etc.. The point was made the 6/7 remaining can

be contracted by the County and any State approved alcohol program, even mental health programs where applicable. Funding was discussed. Mr. Murray explained the State's funding the interim period prior to the availability of 627 funds to the programs and the problems encountered with this expenditure of \$381,000. Further discussion. The procedure involved to fund the Big Sky Treatment Facility was discussed. It was pointed out that if federal funds support the building lease of the program, the fire insurance clause currently in effect would be negated thus saving a considerable sum of money. Currently, there are 19 clients in treatment at the facility. The Missoula facility is at capacity - 10 clients.

The RADRDS funding was discussed. Balance of \$14,350 to be expended for region plans. Expenditures for Division projects were discussed and sources of funds. Senator Fasbender made the motion that due to the lack of available funds, the Billings Urban Indian proposal and the CEDS half-way house be notified they will not be funded and to re-submit them the next fiscal year. Second by Miss Herlevi; motion carried.

Mr. Dennis Taylor, Legislative Council, entered the meeting at this point at the request of Senator Fasbender. He gave some background on the Human Services Proposal as submitted as a result of House Joint Resolution 88 requesting a study and recommendations be made of combining the SRS and Department of Institutions.

At this point, the study/recommendation is in Phase One. A hearing will be held February 10 at 9:00 a.m. in the SRS Conference Room for input and recommendations from interested persons. The organizational chart as included in the proposal is only tentative and will be subject to change as justified. He explained they had received information from a number of other states who have an "umbrella" agency in operation. Most of their information has come through the Council of State Governments. At this point, they are working with a skeleton proposal and need input from persons/agencies to make it a viable alternative to the current structure.

The Department Director, Mr. Zanto, entered the meeting to discuss the facility currently under construction in Glendive, Eastmont Nursing Home. He stated at the time the legislature authorized construction of this facility, it appeared it would be necessary to construct several buildings in the state to house geriatric patients. Before the units were completed (only this one was completed, the others were not begun) it became apparent they would not be necessary due to the availability of beds from the private sector. Several assessments have been made to utilize the facility with the recommendation from this Department that it be utilized for: DD patients, a combination of DD/geriatric, mentally disturbed children, and lowest in priority, an alcohol treatment facility. The building is designed for geriatric/DD utilization and would not lend itself to other types of service without considerable remodeling. Mr. Zanto stated he felt the legislature would make the decision on utilization of the building during the next session due to the intent of the legislation when it was passed. Senator Fasbender stated the legislature would accept the recommendation of the Department on the most practical usage of the facility but it should remain in the human service area if at all possible.

The representatives from the three urban communities were called on to present their proposals to the Council. Mr. Simmons, Executive Director, Rimrock, began.

His proposal was for \$24,175 ADAD funding for two components. A program for children of alcoholics. He explained the program has been in operation since March of last year and the response received. The program explains the nature of alcoholism/alcoholics, the change in the alcoholic and is a 4-8 week program with the family involved. The other component would be utilized for a minority (Indian) group for program development, detox and outpatient treatment. Fifteen to twenty-five percent of the clients at Rimrock are Indian people.

Miss Herlevi questioned the status of the 12 beds at Rimrock. Mr. Simmons responded that with the counties of the area handling their own detox now they were not called upon to supply as many beds as in the past. He further explained rural detox costs were averaging \$130/day vs \$65/day at Rimrock for three days; however, when travel and staff time to transport patients were added in, the rural detox was less expensive. Mrs. Hanrahan questioned Mr. Simmons if the differences of opinion between his agency and this Council/Division had been resolved. This was discussed. Mr. Baumberger felt the sums of money involved in the rural county programs was excessive.

Mr. Jim Scott began his presentation by stating his proposal was very informal as their Board had not met until the 19th of January and this did not leave much time to finalize the proposal. He explained that they are asking for support for Steppingstone, a half-way house in Park County. Park County Alcohol Program had been under the Southwest Montana Mental Health & Alcohol Services program but chose to separate and establish their own program as of the first of July. They have been awarded the county funds, therefore, the halfway house has been left without that source of funding. The \$16,000 would keep the facility in operation until the end of this fiscal year. At that point, further plans would have to materialize in order to continue the program. Miss Herlevi questioned the desirability of keeping the facility and this was discussed. Mr. Scott stated they have a very workable relationship developed with the employment office and place a number of clients in jobs. However, getting these clients to pay for their treatment has not been too successful an endeavor at this point.

Mr. Dick Baumberger, Director of Providence Alcoholism Center, presented the Cascade County proposal. Providence treats clients from the entire state and to be limited to the County income is not feasible. In 1977, 85% of the clients were Cascade County residents, the 1978 projected figure is 75%. Providence treated 111 clients in 1977 with an annual budget of \$330,000. Mr. Tovson, County Health Officer, has resigned his position and serves Cascade County on a consultant basis.

Mr. Swartz gave a report on the ADAD staff evaluation of the three proposals. The committee consisted of Danny Peressini, Bob Anderson and himself. Rimrock's was good; had well defined goals and objectives and the budget clearly reflects the program. SW MH & A appeared to have excessive travel funds. (It was explained that the facility is located 4 miles from town thus making a good deal of travel necessary.) The goals and objectives were not measurable but easily follow the program aim. The Providence/Cascade County proposal was a resubmission of an old grant not funded for an 8 month period. A budget breakdown was requested, i.e., contracts to Providence (\$50,000 and \$80,000) should be itemized. City/County administration takes \$20,000; this seemed ex-

cessive. The goals and objectives are outdated but are measurable. It was felt the application should be revised and submitted at a later date.

Mr. Plumage spoke on his recent attendance at a National Indian Alcohol Board meeting in Washington, D.C. Mr. Bud Mason is the new director, and from all appearances there will be some changes made in the organization. Senator Kennedy spoke at one of the meetings and implied that additional funding would be forthcoming in the field of alcoholism. The next meeting will be in February and at that time the existing contracts will be looked at. It is expected a change in that treatment will be authorized for non-Indians. It appears, however, that the treatment of the urban Indian has not been resolved. There will be staff in the Billings area from the National Indian Alcohol Board on a permanent basis so the problem in Montana should be addressed.

The current status of the court schools was discussed by Mr. Swartz. He stated it was ahead of schedule as the Justice Department did not anticipate start up of the program until December 1979. The plan is to have qualified, knowledgeable personnel involved in the program to judge if the offender needs treatment for his alcohol problem in addition to the DWI school. It appears there will be approximately \$100,000 available to the project which should fund programs. Some of the court school films ordered are in, the curriculum is being printed and other supplies are on order. Programs have been asked to submit their grant applications for review February 5 by the Highway Safety Division. Miss Herlevi questioned "moonlighting" by persons not connected with an alcohol program in conducting a DWI school. This was discussed and the point made by Mr. Swartz that the intent and the aim is to have qualified alcohol counselors as instructors for the above stated reasons.

The meeting was adjourned at 7 p.m. to re-convene January 28 at 9 a.m. .

The meeting was called to order by Dr. VanHorne with all members present as stated with the exception of Senator Fasbender who was excused to attend a Legislative Committee meeting and Mr. Plumage to attend to business in Browning. Others in attendance not previously listed are as follows:

VISITORS:

Don Holmes, Director, Galen AT&R
Carolyn O'Neill, Counselor

Mr. & Mrs. Thorn Bacon, "Montana Citizen"

STAFF:

Cindy Morrison

Dr. VanHorne introduced Thorn and Ursula Bacon, publishers of the "Montana Citizen." Mr. Bacon presented a proposal for a public alcohol education program. (See attachment.) Discussion. Mr. Holmes reported on programs and ideas they are instituting at Galen concerning schools and family workshops.

Carolyn O'Neill spoke to the Council on the Indian alcoholic. Their needs, wants, facts, myths and approaches to treatment. She gave the Council a different picture of the Indian alcoholic than had been received at prior meetings.

The Council expressed their appreciation to Ms. O'Neill for appearing and giving her time.

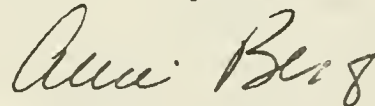
Funding the community programs was the next item of business. After discussion the decision was to fund the SW MH & A proposal as it was the Council's desire to continue existing programs over establishing new programs. Currently, this program would have to close its operation if funding is not received. Further, the Billings Indian Center and CEDS of Missoula, fall under the new program category, and would not be funded at this time. Providence Alcoholism Center/ Cascade County proposal was rejected as unacceptable. It was suggested Providence work with ADAD to develop a proposal to be completed by March or April. The following motion was made by Mrs. Hanrahan: The Council fund the SW MH & A proposal for \$16,000 after redeveloping goals and objectives. The Rimrock Guidance proposal be funded to the extent possible with the remaining funds available. Second by Sherry Pettit; motion carried. Sherry Pettit made the motion Cascade County proposal be rejected as not meeting criteria established for submission of urban proposals. Further, that Providence Alcoholism Center be requested to submit a proposal for review in March or April by the Council and ADAD provide technical assistance for development of the proposal. Second by Martha Herlevi; motion carried.

Mr. Murray presented a schedule for community alcohol program contract processes. This was discussed and time lines enlarged. (See attachment). Dr. VanHorne volunteered to attend the February 10 meeting on the Interim Committee Reorganization proposal.

The next meeting was scheduled for March 6, Mr. Holmes requested time on the agenda at that meeting to present the Galen Prevention Trust.

There being no further business before the Council the meeting was adjourned.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

Alice Berg, Recorder

MINUTES
MONTANA ADVISORY COUNCIL ON
ALCOHOL & DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Conference Room, Department of Institutions, 1539 11th Ave., Helena, MT on December 7 and 8, 1977, beginning at 7:00 p.m.

MEMBERS PRESENT:

Robert L. VanHorne, Ph.D., Chairman
Martha Herlevi, Vice Chairman
Kay Hanrahan
Sherry Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT:

Senator Larry Fasbender
Lt. Gary Hall

VISITORS:

Bureau of Health Planning & Resource Development
Charles Aagenes, Hospital Facilities Specialist
Yvonne Silva, Health Planner
Dave Thomas, Resource Development Specialist

Rimrock Guidance Foundation
Howard Simmons, Executive Director
F. L. Oliver, Board President
Judge Donald Bjertness, Board Member
Mona Sumner, Board Member
Ben Bushyhead

Galen Alcohol Treatment & Rehabilitation
Don Holmes, Director
Mayme Hannifin, Counselor
Caroline O'Neill, Counselor

Providence Alcoholism Center
Dick Baumberger, Director

Alcohol Action Services, Inc., Libby
Royce Gilbertson, Director
Emma Evans, Counselor

STAFF:

Mike Murray
Alice Berg
Joan Rutledge
George Swartz

Dr. VanHorne called the meeting to order and the minutes of the last meeting were approved. The persons from the Bureau of Health Planning & Resource Development were introduced and Yvonne Silva explained the development by their Bureau and the Health Systems Agency, of the Alcohol Services Component of the Health Department State Plan. She reviewed the following points: necessity of legislation for third party payments, improper usage of emergency room (decriminalization), prevention and education, regional needs. She stated as to regional needs there was a shortage of information and it was hoped further input would be made in this area prior to implementation of the proposal. Inpatient treatment services is based on current law. Mr. Plumage questioned the frequency of jail detox. This was discussed. An attempt to project the number of beds for the treatment of alcoholics was made, this area needs further input. She stated the sub-area hearings would be held January 18 and 19 in Missoula, Great Falls, Bozeman and Billings as well as in Glendive on the 21st. It is hoped additional information will be available at these hearings which will enhance the proposal. Joan Rutledge pointed out that Region II does have a detox facility - Hill-Top. Dr. VanHorne questioned the certification statement.

A discussion was held regarding the review with the point made it was necessary to have this type of document in order to make valid appraisals of program needs. The Council expressed an interest in working with the Bureau in developing this segment of the Plan. Ms. Pettit questioned the involvement of HSA and if alcohol programs/services would be "locked-in" once this Plan is finalized. This was discussed and Ms. Sylva stated there would be flexibility with justification. The Plan would be revised each year and changes/adjustments would be made as required.

Mrs. Hanrahan supported the concept as she felt there was an appalling lack of knowledge exhibited by the participants at the HSA hearings held prior to the approval of the Glasgow facility. Mr. Holmes questioned the ability of a private organization to open a facility without going through the HSA review process. The point was made that private organizations/business can do this, but when public funds are involved, the HSA process must be completed.

Mr. Agness explained the Certificate of Need process. Mr. Thomas spoke on the recent approval of the three facilities for alcoholism treatment. He stated a concern that their staff fell in the "lack of knowledge regarding alcoholism and alcoholism treatment" category and asked for input so the Plan component would be a document that will be meaningful. Input from the local level is necessary.

Mr. Baumberger questioned the cost comparison for hospital based vs smaller programs. It was agreed the hospital based was more expensive but at the present time the only possibility for third party reimbursement. Dr. Simmons stated with JCAH accreditation Medicare and Medicaid payment is possible. Discussion of the above was continued.

The Bureau will make an effort to keep the Council informed of the public hearings and would like input from the Council for the component. Any comments will be taken to the sub-area hearings and should be in to the Health Bureau prior to the hearings.

Mr. Plumage made a motion that the Council give no consideration to medical model programs until after the end of the current fiscal year (June 30, 1978). Further, the Council will look at evaluations of medical model programs and make a decision

at that time. Second by Miss Herlevi; motion carried.

The Council expressed appreciation to the Health Bureau for appearing and reviewing the component.

Personnel from the Rimrock Guidance Foundation were introduced at this time. Mr. Oliver, President of the Board, stated he felt the Rimrock Foundation had a viable alternative to medical-based programs, they had an effective facility and were doing a good job with the available resources. Ms. Sumner explained the philosophy of Rimrock - see Region III Continuum of Care attached.

Mr. Murray questioned the Foster Home Care program. Dr. Simmons responded that they have had a few clients who have been approved by SRS for this care; age of the client seemed to be a determining factor in securing SRS approval. This was discussed. Dr. VanHorne questioned the treatment of off-reservation Indian people. Dr. Simmons stated that about 15% of the clients are Indian; 25% of the detox clients are Indian people. Currently, the charges at Rimrock are as follows:

- \$40.96/day - 28 day stay
- 65.00/day - detox (3 day average)
- 50.00/wk. - 3/4 house
- 75.00/wk. - foster home
- 100.00/wk. - outpatient (family included)

Mr. Ben Bushyhead discussed the inclusion of Morningstar with the Rimrock grant application. He stated this component would add specialized Indian services to the Foundation; current Indian treatment leaves much to be desired. He gave some statistics comparing 8.4% Indian clients completing treatment with 65% non-Indian. Dr. VanHorne questioned the administrative control for Morningstar. (This will be done by Rimrock.) The need for such a component is recognized by the past record must be addressed prior to approving funds. The requirements for receiving state funds were discussed and Mrs. Hanrahan questioned the programs willingness to abide by the requirements in the future. A discussion followed on the budget and justification on the grant submitted.

Mr. Plumage questioned the type of clients served. A discussion on priorities followed. Dr. Simmons stated he felt the surrounding counties cannot survive without the urban program as a dependency relationship has been established.

Judge Bjertness questioned the advisability of continually re-submitting grant applications only to be rejected by the Division. Mrs. Hanrahan stated the Council/Division was aware of the good points of the Foundation or they would not have been invited to attend this meeting to present their proposal. Dr. VanHorne stated it was Council policy to support existing programs. Discussion. Mr. Murray pointed out it may be feasible to fund some urban programs. Discussion. Mrs. Hanrahan made the motion that the Council receive grant applications from urban programs with priorities listed for each requested component. The Council will review the applications at their January meeting. (The intent is for the urban areas to receive appropriate unencumbered funds with review of priorities and the existing services provided.) Second by Mr. Plumage; motion carried.

Ms. Sumner questioned the Yellowstone County funds. A discussion of a letter to the Commissioners was held. The Council reviewed a streamlined operational budget for Rimrock. Mrs. Pettit made the motion, seconded by Mrs. Skelton, that the Council approve the Rimrock Guidance Foundation operational budget and send notice to Yellowstone County Commissioners. Motion carried.

Dr. VanHorne presented the mini-grant task force report to the Council. (See attached summary.) Mrs. Skelton made a motion to adopt the recommendation of the task force; second by Miss Herlevi. Motion carried.

Mr. Murray presented the Human Services proposal to eliminate the SRS and put portions of the Department of Institutions under another agency, etc. He asked that Council members read the proposal and contact the proper persons for input as the advisability of this step. Mr. Holmes stated he had a copy of the proposed legislation to enact this change and would make it available.

The next item of business was the Urban Indian grant. The motion was made by Mr. Plumage to award the \$30,000 application to the Big Horn County program with the provision "funding is contingent upon written agreement between the City of Hardin, County of Big Horn and the Crow Tribal Council Law Enforcement agencies allowing transportation of clients to the Crow Reservation detox unit for treatment." A second award of \$10,000 (\$5,000 drug funds, \$5,000 alcohol funds) be made to the Missoula Indian Alcohol & Drug Program for the period through June 30, 1978. Motion seconded by Miss Herlevi; motion carried.

The contracts with the Counties in Region III were discussed. ADAD staff are in process of negotiation with individual counties involved. The contract with the Glasgow program was for \$80,929 and is effective through December 31, 1977. The contract will be renewed with the treatment phase for the period January 1 through June 30, 1978.

Mr. Murray stated a budget amendment will be submitted to request the amount of funds generated through HB627 and not included in the original appropriation. It appears there will be more funds generated than anticipated. There is little doubt, however, that there will be funds which cannot be wisely expended for necessary alcohol services.

The possibility of space in the new Eastmont building being utilized for alcohol purposes in Glendive was discussed. Mrs. Hanrahan made a motion that Mr. Zanto be invited to the next Council meeting to discuss this matter. Second by Mrs. Skelton, motion carried.

Don Holmes requested time at the next meeting for Caroline O'Neill to talk to the members about an Indian Alcohol treatment philosophy.

Rod Gwaltney discussed a prevention project using funds budgeted to his section to run an alcohol alternative ad in the major newspapers prior to the holiday season. The ad will be designed to reach the seasonal party crowd and will cost approximately \$3,450. Mrs. Pettit made the motion that this be allowed; second by Miss Herlevi. Motion carried.

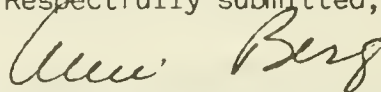
The Council discussed the response to the industrial program ad in the fall issue of the "Montana Citizen" and by consensus, agreed the Division should not run the winter ad.

The Council was advised by Mrs. Hanrahan that she had accepted a part-time position in the District II alcohol program. After review of the by-laws, members agreed there was no provision to prohibit Council members from being employed in the field of alcohol or drug abuse. The members agreed they would like to review the size and representation of the Council and recommend any appropriate changes to Mr. Zanto for consideration. Dr. VanHorne appointed a task force composed of Miss Herlevi, Mr. Plumage, himself and Mr. Murray to study and recommend appropriate changes for consideration.

ADAD staff presented a proposal from Kalispell to establish a rural detoxification program in line with the model in the implementation grant. After review of the budget, goals and objectives, Mrs. Hanrahan made the motion the Kalispell rural detox proposal be approved as presented. Second by Mrs. Pettit; motion carried.

The meeting was adjourned.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

ALICE BERG, Secretary

MINUTES

MONTANA ADVISORY COUNCIL ON
ALCOHOL & DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the hospital, Valley Industrial Park, Glasgow Air Force Base, MT on November 8, 1977 beginning at 1:00 p.m.

MEMBERS PRESENT:

Robert L. VanHorne, Ph.D., Chairman
Martha Herlevi, Vice-Chairman
Lt. Gary Hall
Katherine Hanrahan
Joseph Plumage
Peggy Skelton

MEMBERS ABSENT:

Senator Larry Fasbender
Shari Pettit

STAFF:

Mike Murray
Alice Berg
Rod Gwaltney
George Swartz

Ken Anderson, Region V RADRD
Ron Hjelmstad, Region I RADRD

VISITORS: (CompCare Corporation)

Allen Herkimer, Jr.
John Brazill, Ed.D.

PROGRAM PERSONNEL:

Dick Baumberger, Providence Alcoholism Center, Great Falls
Jim Brown, Jim Seykora, Jeff Hill, Dan Gebhardt, M.D., Big Horn County
Bob MacConnell, Treasure/Rosebud County Alcohol Program
Jack Pipe, Lewellyn Cantrell, Billings American Indian Alliance
Dick King, Blane Hoyt, District 4 Human Resources Development Council

VIP/FRANCES MAHON DEACONESS HOSPITAL REPRESENTATIVES:

Jim Horne, President, VIP
C. H. Brocksmith, Chairman, Board of Directors, Hospital
Kelly Caldwell, KUMV-TV, Williston, N.D.
Kyle Hopstad, Administrator, Frances Mahon Deaconess Hospital

Kitty Lou Langen, Board of Directors, Hospital
Linda Madsen, KLTZ, Glasgow
O. E. Markle, VIP Past President
George Nicholas, interested citizen

The Council was welcomed to the Valley Industrial Park by Mr. Jim Horne and was introduced to persons in attendance. Dr. VanHorne expressed the Council's appreciation for the invitation to meet at the facility. At this point the Council members, staff and visitors toured the surrounding area and the facility. After the break for lunch Mr. Kyle Hopstad spoke on the current status of program implementation. Mr. Murray presented the Approval Certificate to Mr. C. H. Brocksmith, Chairman of the Board of Trustees, Frances Mahon Deaconess Hospital.

The Council convened at 1:00 p.m. in the Board room at the hospital with the program people, staff and Council members in attendance. A motion to approve the minutes of the last meeting and commend the secretary for a job well done was made by Miss Herlevi, motion seconded, carried.

Mr. Murray introduced Mr. Allen Herkimer, Jr. and Mr. John Brazill from Comp-Care Corporation, Newport Beach, California. They discussed the proposal presented at the last Council meeting for a State-wide advertising campaign dealing with alcoholism prevention and treatment. Mr. Brazill spoke on the type of program which would be done in the State of Montana. It was anticipated the Division and program people would be involved in development of a campaign which would cover radio, TV schools, etc. All materials developed would become the property of the State.

Mr. Herkimer spoke on the phases of the proposal and stated it would not be compulsory to do all phases should some not be pertinent or necessary.

Mr. Brazill said alcoholism in the concept of their proposal was treated under the general health care umbrella. He explained they were a private contract agency under the Care Unit Division of their Corporation. He gave the statistics that 1 out of 40 automobile drivers at any given time is under the influence of alcohol; one-half of the murders committed in the country involve alcohol. He stated he has heard the number 9,000,000 alcoholics in the U.S. for the past 10 years or so, he expected it was more than that if 8% of the population is alcoholic. In the Los Angeles area where he lives, there are two pre-teen AA groups. There appears to be a 2/1 male/female ratio, but he stated he expected those statistics may not be accurate as it has only been in the past few years that the woman alcoholic has come to the attention of the public. It was comparatively easy in the past for a woman to be an alcoholic for years but never come to the attention of anyone but her immediate family as they were not in the public eye.

The objective of the campaign would be to create public awareness of the disease of alcoholism. They would assist the Division, Mr. Herkimer, Mr. Brazill and Susan Lau to be the participants in the campaign planning. The object would be to make the "team" self-sufficient. The Corporation is in-

volved to a great extent in advertising and promotion, as well as the operation of hospitals. They have just contracted for the development and operation of two hospitals in Great Britian.

Mr. Herkimer spoke on the phases of the proposal and stated the time lines developed would have the project comepleted in a 5 month period. The project would cost \$19,600-24,400 plus travel and per diem. It would not be necessary to purchase all phases of the proposal if it was deemed some were not pertinent. It was not mandatory that phases be completed in the order presented. Each was an entity not dependent upon the others.

As much of the work as possible will be done in the "shop." He emphasized the objective was Timliness, Theme, and Teamwork to make the project a success.

Mr. Herkimer thanked the Council for allowing him and Mr. Brazill to attend the meeing and present their proposal for discussion.

Mr. George Swartz spoke on the Urban Indian Proposals submitted as a result of the advertising the availability of funds for such a program. He stated 5 programs had submitted proposals - Big Horn County, Hardin; District 4 Human Resources Development Council, Havre; Billings American Indian Alliance; Missoula Indian Alcohol & Drug Abuse Program and the Butte Indian Alliance.

He called on Mr. Jim Brown, Region III Mental Health Center, Hardin, Jim Seykora, County Attorney, and Dr. Ben Gebhardt, Indian Health Services Hospital, to present their proposal.

Mr. Brown gave Mr. Swartz six letters of support to be included in the proposal. He then began by stating Big Horn County does not have the services of an alcohol program. Currently what treatment being given is done through the mental health office but alcoholism treatment is not compatible with the mental health philosophy and leaves much to be desired. Their proposal was for a fundamental program that would cooperate with the Crow. Currently, tribal politics make it impossible to operate a program on the reservation. Funds for transportation to detox at ARC in Billings were included; some research on modalities that are effective in the treatment of Indians would be done; clients would be screened; administration and support services would be given by South Central Regional Mental Health; DWI schools would be operated. The program would serve both the white and Indian popualtion but would more directly benefit the Indian population in Hardin and the surrounding area. Mrs. Hanrahan questioned an item on page 3 - response: \$400 training, \$3,700 travel. Mr. Plumage questioned the detox phase. Mr. Brown stated there were problems regarding jurisdiction, but exploration to surmount this problem would be undertaken.

Mr. Seykora, County Attorney for Big Horn County, stated, "Hardin does not have a problem." He stated in 1975 there were 72 DWI arrests in the County; 1976 - 79; 1977 - 9 month period, 51. Alcohol related offenses: 1975 - 387; 1976 - 394; 1977 - 9 month period, 476. According to the coronor's report in the past three months 21 deaths have occurred, 45% directly related to alcohol. Three typical cases chosen show 1 person had been arrested 176 times; a second 143 and a third had 135 arrests. Mr. Plumage questioned if they were all alcohol related. Mr. Seykora responded, yes. From his brief-

case he took an assortment of bottles and cans ranging from wine to Mennen Aftershave to hair spray and Lysol Disinfectant Spray to a plastic bag full of copper spray paint. He stated all of these had been picked up in a two block area from his office to the airport and represented the type of "drink" common to Hardin. He stated in his belief they did not have a problem in Hardin, they had a disaster. He hoped this disaster would be overcome with a program which would be available to the people.

Dr. Gebhardt spoke of stopping near the airport to help a person who was lying near a building only to discover the person was dead. He stated alcohol and alcohol related problems were the area of greatest need in the Hardin area.

Mrs. Hanrahan questioned of the counselor(s) for the proposed program would be Indian and if the Indians would be involved with the program. Mr. Jeff Hill stated yes, they anticipated both a man and a woman Indian counselor for the program. Mrs. Skelton questioned Mr. Hill's current involvement with the reservation and if the detox facility there was still in operation. Mr. Hill responded that the detox facility was closed at this point and would not re-open until a court decision involving tribal affairs was made. Mr. Brown stated the Indian Health Services Hospital was available for detox and would be utilized. There would be no duplication of services. Mrs. Hanrahan asked if the program people were aware that DWI funding was from another source. They answered in the affirmative.

Dr. VanHorne questioned the source of funds the Council was to award with Mr. Swartz responding they were federal funds which would be received on a yearly basis and would continue to be available depending upon Council priority. Big Horn County will give the program their alcohol tax funds and the project has an additional small sum available.

A discussion was held regarding the problems facing the community/area with the development of the coal in the Decker area. Decker currently consists of 40 "very brave souls" with no sewer or water but within a two or three year period it is expected there will be an influx of as many as 20,000 persons to the town. Historically the Crow Reservation has been dry and this adds to the problem in Hardin - everyone goes there to drink. Further discussion on the extent of drug or inhalent abuse in the area. It was pointed out no other problem reaches the magnitude of the alcohol problem. Mrs. Hanrahan commended the gentlemen from Hardin for taking the time and putting forth the effort to attend this meeting and present their proposal. A final point was made that their proposal was for \$30,000.

Lewellyn "Rusty" Cantrell spoke very ably for the Billings American Indian Alliance proposal. It would develop AA groups which would be effective for the Indian population. As AA exists now, the Indians attend a few meetings but by nature are shy and reluctant to participate and thus drop out. He stated both facilities currently utilized by their program for detox or residential treatment (Galen and Rimrock) are AA oriented and this leaves the Indian population with no effective follow-up when they are released. Mr. Pike, Project Director, spoke on a survey made in the Billings area showing 43 tribes of Indians residing in the Billings area from 23 reservations. He stated employment was a problem for the Indian population.

He pointed out it was very disappointing to have a client complete the program at Galen or Rimrock, be released to nearly nothing. Their proposal would develop something for them to be released to for continued progress, not just an eventual return to Galen or Rimrock. Mr. Murray questioned if the program planned to secure or apply for funds from Yellowstone County. They stated yes. A discussion was held on the problems relating to the Indian/white people. Mr. MacConnell questioned the lack of Indian involvement with AA.

The Council thanked Mr. Cantrell and Mr. Pipe for taking time to be present.

Mr. Dick King and Mr. Blane Hoyt explained their proposal at this time. It also dealt with the Indian reluctance/inability to be effective AA members. They also would develop a manual and guidelines which would be for the Indian population. Mr. King stated the Indian population who go through the treatment program at Hill-Top have a 5% recovery rate compared with 30% for Anglos; 33% of the clients at Hill-Top are Indian. Their proposal would not duplicate existing programs, but would expand on them, make them effective for the Indian population. Alcohol is the common denominator for Indian people state-wide. Their program would be available to anyone wishing to utilize it; it would be developed by two people during the grant period and funding in additional years would not be necessary.

Mr. Blane Hoyt gave some background on the District 4 Human Resources Development Council and their current expertise in administering programs. They anticipate cooperation with the four nearby reservations to develop their proposal. Mrs. Hanrahan questioned the AA philosophy regarding funds and monetary matters and if considering this AA concept, it was possible to develop the proposal. Mr. Hoyt explained the "handbook" to be developed would demonstrate the differences in the races and the family counseling aspect. The Council thanked Messers Hoyt and King for taking the time to come to the meeting and present the proposal.

Mr. Swartz explained the other two proposals: Butte Indian Alliance "A New Life" which would utilize the Indian culture as a path for rehabilitation and the Missoula Indian Alcohol and Drug Program for funding a half-way house. Mrs. Skelton had discussed this proposal with Mr. Jones, Director. There was minor discussion regarding these two proposals.

Mr. Plumage volunteered to chair a committee to review the 5 proposals submitted and make a recommendation to the next Council meeting. Dr. VanHorne appointed Mrs. Skelton and Mrs. Hanrahan to serve with Mr. Plumage and make a recommendation to the December Council meeting.

Mr. Rod Gwaltney, Leader, Prevention & Education Section, reported on the mini-grants received after advertising the availability of funds. Twenty-four have been received. Dr. VanHorne appointed Miss Herlevi and Mr. Hall and volunteered himself to a committee to review these applications and report to the next Council meeting.

Mr. Gwaltney requested the Women's Task Force cancel the planned December meeting and hold it in January. This was agreeable to the women council members who are members of the Task Force. Mrs. Skelton gave the secretary a packet of information on the Task Force and Mrs. Hanrahan stated she has some information which she would send to the office. Mr. Dick Baumberger questioned if program people would become involved with the Task Force. He was assured they would.

Mr. Gwaltney reported on the Rimrock application. Division staff reviewing the applications were Dick Petaja, Darryl Bruno and himself. Standard forms and the format used by every other program in the State again were not followed by Rimrock. Goals and objectives were measureable; however, budgets did not include detail or justification. In the case of Morningstar section, goals and objectives were not included. The total application is for \$300,000 and Morningstar is included in that amount for approximately \$200,000. Miss Herlevi asked if Mr. Swartz had attended the Rimrock Board meeting as stated at the last Council meeting. This was discussed. Rimrock was requested to separate the budgets by county and their program and be consistent with the format required by the State.

Mr. Murray discussed the current problems with funding in Region III and a meeting in Harlowton he and Mr. Swartz attended. He stated rural county residents are mad and frustrated over the hassle to receive funding. In Mr. Murray's opinion, these residents have justification to be upset; however, he stated blame for funding should be a shared responsibility rather than the sole responsibility of the Division and Advisory Council. He questioned why every other program in the State - one man programs to large multi-staff agencies could submit budgets including detail and justification, measurable goals and objectives - with the exception of Rimrock who consistently uses their own format with only summary budgets and no justification. He requested Council approval to develop, negotiate and fund immediately, proposals for each of the rural areas Rimrock is providing services to.

Miss Herlevi reported on a meeting she attended along with Mr. Murray and Mr. Swartz and the counties involved. She stated they handled themselves very honorably under very bad circumstances. Miss Herlevi made a motion that the Division be allowed to negotiate and sign contracts to start alcohol services in each of the rural areas served by Rimrock prior to the next Council meeting; that the Morningstar component of the application be submitted to each reservation alcohol program, tribal chairman and approved urban Indian alcohol program for review and comment and Rimrock be requested to submit a detailed budget with justification for central office operation. Further, that Dr. Simmons be invited to present his application to the next Advisory Council meeting. Second by Mr. Plumage; motion carried.

Mr. Baumberger requested the opportunity to present a request to the Council from Providence Alcoholism Center which involves some repairs and expenditures for his facility in the amount of \$14,138.55. Mr. Hall made a motion that if the funds are available the Providence request be granted. Second by Mr. Plumage; motion carried.

Mr. Murray informed the Council and persons present that Mr. Ken Anderson had recently been awarded \$20,000 to study women's and youth's needs. Miss Herlevi made a motion to commend Mr. Anderson on his accomplishment; second by Mrs. Hanrahan. Motion carried.

Mr. Murray gave a report on the current status of the Division budget. The Northern Cheyenne Tribe had been awarded \$26,000 in the event they became an approved program; it appears these funds will be available for another purpose at this point.

Dr. VanHorne asked if it would be possible for Mrs. Hanrahan to attend a meeting in Billings with Rimrock. Mrs. Hanrahan agreed and asked the secretary to look up the number of contacts, etc. with Rimrock and give her the information prior to the meeting November 16.

Mr. Pollari, Director, Glendive Alcohol Satellite, stated he did not feel an exception should be made for Rimrock. All programs had standards to meet to receive approval and funding and the same rules should apply to all. It was the consensus of opinion of the Council that the secretary draft a letter to be signed by Dr. VanHorne expressing the Council's feelings as to this matter.

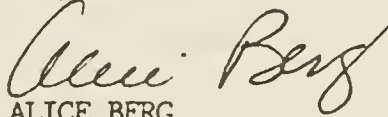
The date for the next Council meeting was set for December 7 & 8 in Helena.

Mrs. Hanrahan requested a status report on the renovation costs, etc., for the VIP facility. She also asked that the CompCare proposal be developed so the Council would be aware of the total costs involved. She further felt a figure currently spent would be useful as well as a comparison figure from other agency's budgets. Mr. Murray stated the figure submitted in the grant application by Deaconess Hospital was \$79,439, but it was expected this would be reduced a considerable amount. The budget as submitted was reviewed with the Council in agreement that several areas such as carpeting, decorating could be eliminated at this point. The current application is for a period of November 9 through December 31, 1977. Salaries for the hospital administrator, as well as the housekeeper, maintenance man were discussed.

Dr. VanHorne stated it was the consensus of the Council that Mr. Murray be authorized to make the necessary adjustments in the budget submitted prior to signing the contract.

Mrs. Skelton made a motion to adjourn; second by Mr. Plumage. Motion carried.

Respectfully submitted,


ALICE BERG

MINUTES

MONTANA ADVISORY COUNCIL ON ALCOHOL & DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Department of Institutions Conference Room, 1539 11th Ave., Helena, on October 12, 1977 beginning at 9:00 a.m.

Members Present:

Robert L. VanHorne, Ph.D. -- Chairman
Martha Herlevi, Vice-chairman
Senator Larry Fasbender
Lt. Gerald Hall
Kay Hanrahan
Peggy Skelton

Members Absent:

Joseph Plumage
Sherry Pettit

Staff:

Mike Murray
Alice Berg
George Swartz

Ken Anderson, RADRDS, Region I
Ron Hjelmstad, RADRDS, Region V

Visitors:

Newell Anderson, Department of Community Affairs
Gordon Bollinger, Public Service Commissioner
Judy Carlson, Special Assistant to the Governor
Dennis Chandler, CPA, Gallusha, Higgins & Gallusha
Tom Coghlan, Board of Directors, Valley Industrial Park
Frank Hall, Director, St John's Alcohol Treatment Unit, St. Paul, Minn.
W. L. Bill Holter, interested citizen
Kyle Hopstad, Administrator, Deaconess Hospital, Glasgow
O. E. Markle, President, Valley Industrial Park
George Nicholas, interested citizen
Clark Pyfer, Gallusha, Higgins & Gallusha
Joe Reber, interested citizen

Doug Atkinson, Administrator Holy Rosary Hospital, Miles City
Jeanmine Enright, Holy Rosary Hospital
Senator Wm. L. Mather, District 26

The meeting was called to order by Dr. VanHorne. Lt. Hall made the motion that the minutes of the last meeting be approved as read. Miss Herlevi called for the correction that she be referred to as "Miss" in place of "Mrs." The minutes were approved as corrected.

Dr. VanHorn called for an introduction of the visitors. They were introduced as appear above. Kyle Hopstad began the presentation for the Deaconess Hospital/Valley Industrial Park by showing slides and a schematic drawing of the facility. The program would consist of a 30-day residence program with family participation.

Senator Fasbender questioned the feasibility of financing such a facility. This was discussed. Mr. Hopstad introduced Mr. Frank Hall, Director of the chemical dependency unit at St. John's Hospital in St. Paul, Minnesota.

Mr. Hall described the program as it operates at St. John's and which would be the model for the VIP facility. He explained the program emphasizes family involvement as they have found this a very essential facet of treatment for the alcoholic. He pointed out that many times the alcoholic can be "cured" but when sent back to the same environment his problem still exists. By involving the family they have greatly increased the success rate for their clients. St. John's is a chemical dependency treatment facility as many clients are poly-drug abusers. The program believes abstinence is the ultimate goal; no attempt is made to teach controlled or social drinking.

The average age of clients is 25+. He stated prior to working with the Glasgow/VIP program, he researched the records and found the average age of clients from the State of Montana was in the mid 50's. He felt the State had a great number of younger abusers who were not getting treatment. This need would be more readily met if facilities closer to Montanan's than St. John's were available. He further stated the residents from Montana were in chronic stages when treatment is sought so far from home and early intervention is part of the key to success for a program. He stressed they will develop individual treatment. They have found it unreasonable to expect all clients who enter a program for treatment on a particular day have identical needs; each person must be dealt with as an individual. He stated the program would begin with a 30-day program but would not be limited to that. If other forms of treatment are indicated they would be utilized or developed.

Under the concept used at St. John's, alcoholism is considered a disease. He further stated the staff is ready to begin work at the VIP facility, a director has been selected who has trained under him at St. John's and is willing to take the job at Glasgow.

Mrs. Hanrahan posed a question regarding the family involvement and Mr. Hall responded it is not a requirement for admission but is handled in such a manner that it is rarely not a part of the treatment. AA supports the program and is utilized. A discussion was held regarding the proposed director for the program as well as the program itself.

Mr. Hall stated St. John's uses the following phases of treatment: (1) detox; (2) intermediate care including the family; (3) treatment plan developed which includes date of discharge and plans for follow-up treatment for the client for his return to his family/community. He stated the proposed director has recently completed and received Joint Commission on Accreditation of Hospitals (JCAH) for a two year period for the facility he is currently with. Montana has much to gain by beginning at this point in time as it is

able to take advantage of the other programs' trials and errors and utilize the successful parts and avoid the errors. The 30-bed proposal, he felt, was very inadequate for the needs of the State and area to be served.

Mr. Murray questioned several areas contained in the proposal, namely, the detox agreement between Deaconess Hospital/VIP; the requirements contained in the State law regarding a physical exam and the anticipated expenditure for this; and, whether Montana residents would have preference for employment in the program. Senator Fasbender questioned the success rate of 65% St. John's claims. This was discussed with Mr. Hall making the statement that 65% was the rate after the second time through treatment; 80% is the rate for persons who have gone through the program three times. These statistics include family involvement; without this involvement the rate is less than 50%. Mr. Murray's questions were addressed: current plans are to do the detox at the Deaconess Hospital in Glasgow and transport the clients to the VIP facility; State law will be complied with; to the greatest extent possible Montana residents will have precedence. However, Mr. Hall stated that should implementation of the proposed program suffer, the program would come first. Implementation of the program in toto is the goal. An extensive educational/training program is expected to be initiated for staff, which should eliminate this as a problem.

Dr. VanHorne questioned if the employee assistance type of involvement had been explored and was assured it had.

Mr. Murray asked when the program would be ready to accept clients should a contract be signed on November 8. Mr. Hopstad stated they would be in operation January 1, 1978.

Senator Fasbender again questioned the costs involved and the accuracy of the figures contained in the proposal. Mr. Hall responded that the program operated at St. John's is solvent. They run a 64-bed facility with a waiting list; 40 clients are treated on an out-patient basis; 19-20 families a week are involved in the program. There are 200-250 clients on follow-up treatment at any given time. This was discussed. Mrs. Hanrahan questioned the emphasis on detox, is it required to the extent proposed? The point was made that it may not be necessary in all instances, and if it is not used extensively, program costs would be reduced. Mr. Hall said anti-buse is not used as a treatment. He stated he would remain in an advisory capacity to the program as an ex-officio member of the board thus giving the program the advantage of his expertise in the field.

Dennis Chandler was called on at this point to expand on the fiscal areas of the proposal. He stated he is an auditor for several hospitals in the area and has utilized this information to develop the cost proposals. Contracts for physical exams were discussed as well as various other possibilities. He stressed there were apt to be areas where the anticipated costs may be off, but to the best of their ability under the circumstances, he felt the estimates were as accurate as it was possible to make them. He stated they expected to draw clients from an area larger than eastern Montana with the possibility of Canadian clients as well.

The possibilities of developing an endowment plan was discussed and it was felt that any funds which may be generated should be earmarked for the alcoholism facility for improvements to the program. The program representatives stated it would be up to the board to establish policies of this type. This led to a discussion on the feasibility of the program to become self-sufficient in the four years as the Council placed as a requirement. It was felt this was not feasible unless third party payments were developed.

Mr. Murray called on O. E. Markle to discuss the lease agreement VIP has with the Air Force for the base. He questioned the possibility Native Americans may claim the facility. Mr. Markle gave the background of VIP and the decision to take over the operation with the desire that it would become a facility Valley County would administer at a point in time. He stated the heating system will be converted, there are federal funds available for this. Montana Power Company and Montana Dakota Utilities are interested in doing some experimental work in solar heating at the facility. Currently, the contract is valid through June 30, 1978, with a guarantee of an additional year. The corporation has the support of the Under-Secretary of the Air Force, Mr. Joe Meiss, as well as a number of other persons. He felt comfortable with the agreement they have with the government and felt that if programs with merit were developed and were in operation on the base, there would be no problem with continued leasing and eventual turn-over to the County.

Mr. Hopstad stated they felt the program must have an assurance from the Council on the approximately \$400,000 per year obligation to get the program established on a sound financial basis. This was discussed.

The training/family program was discussed further. Mr. Murray expressed the opinion that transportation seemed to be the weak link in the proposal. Mr. Hopstad responded that he felt this was over-emphasized; people get to places for treatment when it is required if the treatment offered is good. Public transportation in the form of airlines, passenger train and bus service is established as well as a network of volunteers from AA persons and program counselors. A discussion was held on the facility, the furnishings it contains and what would be required for renovation to meet fire codes.

Dr. VanHorne expressed appreciation for the excellent presentation to the Council. The Glasgow delegation left the meeting.

Doug Atkinson, Jeannine Enright and Bill Mather entered the meeting. They were introduced. Ms. Enright gave a brief description of the proposal developed by Holy Rosary Hospital. It would be modeled after the program at Mandan, North Dakota called Heartview. She stated their proposal was based on private funding and a fee for services agreement with the State. It would be a residential program with a maximum of 15 beds. The staff would consist of a director, an alcohol counselor and a chaplain/counselor as well as nurses/aides. Supplementary services would be provided through the regular staff of Holy Rosary. Clients would be referred to programs in the area when released.

Mr. Atkinson spoke on the fiscal aspects of the program. He stated it was their intention to raise local funds to renovate the old hospital building

and current staff would do the work. It would necessitate raising \$63,000 if the hospital engineering staff does the work and \$90,000 if it is contracted.

Mr. Mather spoke on the community's desire to have such a program established and the cooperation that could be expected.

Dr. VanHorne questioned the need for two separate programs in eastern Montana and with the response by Mr. Atkinson that he felt the need was justified. The feasibility of the fiscal aspects of the proposal were discussed and Mr. Atkinson stated they anticipated a 90% occupancy for the 15 bed proposal. Third party payments were discussed as well as other financial aspects. Transportation was discussed with the point made by Mr. Atkinson that a system is working developed by volunteers, multiple solutions to that problem could or have been addressed.

Senator Fasbender questioned the programs anticipated bad debt figure contained in the proposal. Mr. Atkinson stated the estimate was 3.5% to 5%. This is in line with their current rate and they felt the program would fall in line. The program would reserve the right to refuse admission to clients who it was felt were not interested in rehabilitation, thus, the "revolving door" concept would be eliminated. Mr. Atkinson responded the employed and un-employed as well as Indian clients would be served. They did not expect Court commitments. An estimate of \$2,000 for a 30-day treatment module was anticipated.

Dr. VanHorne stated it appeared the program would not be ready to accept clients prior to the end of the fiscal year and thus would pose no threat to the proposal by VIP. Mr. Murray questioned the amount of funds that may be required for the program and Mr. Atkinson responded there was no way at this point to give an estimation. The possibility of an alcoholism facility at the Veteran's Hospital in Miles City was questioned. Mr. Atkinson stated the VA policy was not to duplicate services currently available in the community. If such a program was put in operation in the hospital, it would only treat veterans; the community would still have an obligation to supply services to others in need.

Mrs. Hanrahan questioned the statement "only patients willing to be rehabilitated will be admitted" contained in the proposal. This was discussed with the point made fee for services would cover a portion of this element unable to pay, but the program would reserve the right to refuse treatment. Mr. Atkinson made the point their program had the support of the medical professionals in the area.

Dr. VanHorne called for the question. The Miles City people were thanked for the informative session with the Council and was advised further contact would be made with them. The Council anticipated some funding for the program when it was established. Mr. Murray stated he would be available to meet with Ms Enright and Mr. Atkinson to discuss any matters they wished. Mr. Murray made the point that the "Department of Institutions personnel" referred to in the proposal was not speaking for the Department when he visited the program, he was acting on his own, in fact, exploring the possibility of becoming an employee of the program. Ms. Enright stated the correction would be noted.

The Miles City delegation left the meeting at this point.

After a lunch break the meeting re-convened with Mr. Ken Ankleron and Mr. Clint Grimes in attendance.

Mr. Grimes gave his input by stating both programs appeared to be workable, however, they were expensive. He posed the possibility of the Council considering entering into a fee for services agreement or contract with programs rather than fund a particular program. This was discussed; it did not appear feasible to expect a program to become operational without assistance from the State, it was unreasonable to expect this. Mr. Grimes stated he felt the medical services (detox) was grossly over-estimated, extensive detox and medical services are not required in many instances.

The possibility of the VIP program becoming operational with a 15-bed start-up factor, two counselors and a director was discussed. The funding for Galen was discussed. Mr. Grimes stated that in his opinion JCAH accreditation only made programs more expensive - high costs do not necessarily indicate an effective program. Insurance was discussed. This led to a discussion of CompCare, a program in operation in Butte in an established hospital where they take advantage of insurance coverage for payment of treatment.

Mrs. Hanrahan posed the question if a program can start up and then utilize a fee for services basis for funding. It was agreed that this may be a possibility, and the program receiving the Certificate of Need will be evaluated after a 6 month period and future funding would be dependent upon the results of the evaluation.

Dr. VanHorne stated it appeared Miles City could not have a program operational in FY'78. The potential number of clients was discussed with an agreement that there was an apparent need for more than 30 beds in eastern Montana. Mr. Grimes left the meeting.

The next item of business was a proposal by CompCare for an advertising campaign for the State. Copies were distributed to the members and the recommendation made that it be tabled until the next meeting. The advertisement in the Montana Citizen, a State Chamber of Commerce publication was examined. It was agreed that for the persons reached by this publication, it was good, but should it be used elsewhere, the inclusion of the female should be developed. The possibility of posters or sending the ad to various State agencies was a possibility to be investigated. It was estimated the magazine reached approximately 30,000 businessmen in the State.

The Women's Task Force meeting held the day prior to the Council meeting was discussed. Women Council members were present and plans developed for: (1) goals and objectives of the Task Force; (2) establish Regional task forces, i.e., a public relations person in each of the five Mental Health Regions of the State (this would involve 10 women, 1 delegate and 1 alternate); (3) duties for the regional people; (4) ancillary persons - physicians, psychologists, pharmacologists, etc.; (5) the aim would be to reach the middle aged, middle income woman substance abuser. It was agreed the Council would not require minutes of the Task Force, but would like occasional reports on progress made.

A report was given on the site visit to Washington House October 10. Mr. Murray, Mrs. Hanrahan, Ken Anderson and Harold Schutt, director of a Kallispell program, made the trip. The facility had a 4-5 day detox stay with referral at that time to another facility, such as a half-way house. There was family contact and contact with the employer. The majority of clients were on an out-patient basis - 400-450 per month. The facility was primarily detox only, not a comprehensive treatment program; charges were assessed for services rendered (10% paid for treatment when recieved, 90% at a later date). DWI clients were included in the program. Referrals/contracts/courts were the major sources of clients. It appeared the module was not feasible for the State of Montana except maybe Great Falls under some circumstances.

The grant application revision for Region III - Rimrock was not received. It was expected they would be submitted on a date set October 17 as Mr. Swartz was to attend a Board meeting for Rimrock at that time. Miss Herlevi made the motion that action on the Rimrock grant applications be deferred until the next meeting after Mr. Swartz' visit. Second by Gary Hall; motion carried.

The employee assistance program currently in operation through the Division was discussed. It was the desire of the Council that the availability of this services be "advertised" to make more agencies aware of the program.

A proposal from the Blackfeet Reservation program to renovate the lavatory facilities was discussed. They have asked for \$10,000 from the State and IHS will match that amount. Mr. Hall made the motion to fund this proposal; second by Mrs. Hanrahan. Motion carried.

The Missoula Indian Alcohol and Drug Program was discussed. Mr. Murray stated they will receive State approval and funding but additional funds are necessary to increase salaries. The director of the program has an M.S.W. and a counselor a Master's. The program is very high quality but personnel have job offers at an increase and it is felt State funding in the amount of \$10,500 would allow them to remain. Senator Fasbender stated you cannot always equate salaries and quality treatment. Mrs. Skelton made the motion to fund the program for the sum of \$10,500; second by Mrs. Hanrahan. Motion carried.

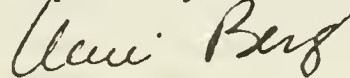
RADRDS were the next item of business. Formula grant funds are available for these positions. However, of the five Regions, only four were active the past year and of those four, two (Regions I and V) remain. A proposal to increase the area of responsibility for the two existing and the Division serving the mid-section of the State was discussed. The possibility of having these positions become State employees was discussed. Mr. Hjelstad said he felt a higher quality of service was delivered under the current arrangement and he would prefer to remain as is. Mr. Anderson discussed his proposal for funding and expressed a desire to retain the services of a full-time secretary. He felt she was an exceptionally good staff member who had a good deal of experience in the area, was well-received and the program would suffer should she go elsewhere. Discussion. Mr. Hall made the motion that Mr. Anderson's program (Region V) be funded \$45,000 and include the full-time secretary. Second by Miss Herlevi; motion carried. Following

a discussion on the differences in the budgets for the two regions, Mr. Hall made a motion to fund Mr. Hjelmstad's program (Region J) for \$40,000. Second by Miss Herlevi; motion carried. These programs will be funded as a result of this action through September 30, 1978.

Mr. Murray questioned if it was the Council's desire to develop a contract, goals and objectives for the proposal by the Glasgow/VIP delegation. Mr. Grimes' input was discussed. Mr. Hall interjected this was assuming the Glasgow proposal received the Certificate of Need necessary from the Health Systems Agency. He then made the motion that Mr. Murray be authorized to proceed in negotiations with Glasgow dependent upon receipt of the Certificate of Need. Second by Mrs. Hanrahan; motion carried.

A discussion of the feasibility of funding the Miles City proposal on a fee for services basis was held. A tentative date of November 8, 1977 was set for a meeting in Glasgow to examine the proposed facility. Mr. Hall made the motion to adjourn; seconded; motion carried.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

Alice Berg, Secretary

MINUTES

MONTANA ADVISORY COUNCIL ON ALCOHOL & DRUG DEPENDENCY

The State Advisory Council on Alcohol & Drug Dependency met in the Department of Institutions, 1539 11th Ave., Helena, on September 19 and 20, beginning at 1:30 p.m.

Members Present:

Robert L. VanHorne, Ph.D. — Chairman
Martha Herlevi, Vice Chairman
Katherine Hanrahan
Joseph Plumage
Peggy Skelton

Members Absent:

Senator Larry Fasbender
Lt. Gary Hall

Sherry Pettit - in Washington, D.C. to represent Montana
at a NIAAA meeting.

Staff:

Mike Murray
George Swartz

Dr. VanHorne called the meeting to order. Minutes of the past meeting were approved; motion by Miss Herlevi, second by Mrs. Skelton.

Mr. Murray spoke on the outcome of a hearing before the Legislature's Administrative Code Committee. This committee was not of the opinion certification of counselors could be implemented without prior legislation, thus, the plan has been shelved unless a voluntary system can be developed. Certification was discussed and the point made by Mr. Swartz that it appeared that NIAAA would require certification within a year or two. The general consensus of the Council was that voluntary certification should be encouraged.

The Council's attention was called to the minutes of the last meeting. The recorder interpreted "interim period" in the discussion and motion regarding the funding for the DWI lab to mean the period of time requested in the application. After discussion of the aspects involved, Mrs. Hanrahan made a motion to fund the DWI lab for the period October 1, 1977 through June 30, 1978 in the amount of \$39,776. Second by Mrs. Herlevi. Motion carried.

Program funding applications were discussed. Dr. VanHorne questioned the amount of money available and Mr. Murray explained that approximately \$300,000 should be available. This is a larger amount than anticipated due to the lateness of the eastern Montana residential facility being established. It is doubtful the entire \$400,000 allocated could be spent in the

six month period remaining of the fiscal year.

Mr. Plumage questioned the provision of services in Mineral county. This was discussed. County participation under the new funding procedures were discussed. Dr. VanHorne questioned the involvement at this point in time of the Superintendent of Public Instruction's office in the school curriculum as it pertains to alcohol and drug prevention and education. Mr. Swartz explained the alcohol program prevention and education proposals submitted.

Funding for Providence Alcoholism Center was discussed. The point was made that funding is channeled through the Cascade City-County Health Department. Discussion.

The Council broke into regional task forces at this time to meet with members of the staff for review of the grant applications. The meeting reconvened at 9:00 a.m. September 20.

The meeting reconvened at 9:00 a.m. with the same members in attendance as on the prior day.

Mr. Plumage stated Rimrock Guidance Foundation applications covering the majority of Region III should be reviewed at the next meeting as he was unable to assess the applications due to the lack of adequate time for review. As the remainder of the Council was in agreement, these applications will be tabled until the October 12-13 meeting.

Program applications were discussed as follows:

Region I - Mrs. Hanrahan

District I - Since the city of Scobey handles the books, bond insurance may not be necessary, ADAD staff will make a determination. Prior to contract program must rewrite goals and objectives in measurable terms. Program must submit justification for the education consultant position prior to funding. Recommended State funding of \$24,062; total approved budget \$66,675.

Tri-County - Well written proposal. Recommend reducing office supply category to \$400. Recommended State funding, \$7,854; total approved budget \$15,331.

Custer Co. - Objectives A & B of Goal I not measurable and must be rewritten. Advisory Council would like to review programs prevention and education package. Salary of Counselor/Director higher than similar programs in the region and Council wants any proposed increases justified and submitted for review prior to local program action. Total approved budget \$20,987.

Rosebud Co. - Well written proposal. Recommend State funding \$5,107, total approved budget \$20,275.

District II - Well written proposal. Council felt salaries not commensurate with work performed and recommended counselor's salaries be increased with State funding (total increase \$4,238). Recommended State funds \$16,180 total approved budget \$56,650.

Region II - Dr. VanHorne

Hill-Top Recovery - No amount available as some budget categories need to be clarified and adjustments made; Glacier and Pondera Counties input is needed and the client fees schedule is questioned. Recommended State funds \$62,448, total approved budget \$131,795.

Blackfeet Tribal Alcohol Program - 12 month budget submitted; the Data Coordinator position was deleted as it was felt if this was a NIAAA requirement it should be NIAAA funded; coverage for satellite offices was discussed. Budget request reduced to reflect 8 month funding. Council recommended funding outreach \$11,780; travel \$1,080; training \$1,350. Recommended State funds \$14,210, total approved budget \$117,580.

Cascade City-County - Bonding requirement questioned; contracts for services not included; Providence budget items questioned. Discussion held. Council agreed with request and submitted to Program for additional material. Question raised if City-County can receive funds as they are not an approved program. No State funds; total approved budget \$173,287.

Fort Belknap - 12 month budget submitted; secretary position cut; training budget \$1,500; State funds \$9,364, total approved budget \$127,545.

Region III - Mr. Plumage

Northern Cheyenne - Not approved program; \$26,841 contingent upon State approval. Insurance coverage is necessary; goals and objectives of the program are well done.

Central MT Family Services - Goals and objectives need strengthening; insurance coverage necessary. DWI instructor was deleted, can be funded under another grant. Recommended State funds \$15,566, total approved budget \$36,456.

Region IV - Dr. VanHorne

SW Mental Health & Alcohol Services - comprehensive budget; county and other funding appears adequate for three additional positions; due to lack of budget justification no State funds obligated. Total approved budget \$268,801.

Lewis & Clark Alcohol Program - No State funds if County Commissioners adhere to 9/15/77 letter awarding all County funds to SW Mental Health & Alcohol Services as the designated County program. Total approved budget \$22,045.

Deer Lodge County - Well written proposal. Recommended \$4,515 State funds, total approved budget \$22,045.

Powell County - Bond required; signature of Board Chairman required. Recommended \$19,339 State funds, total approved budget \$26,446.

Butte Indian Program - Not an approved program; recommended training fund assistance to staff of \$2,000, not necessary to contract. NIAAA funding of \$42,385; program eligible for Urban Indian Program application.

Region V - Mrs. Skelton

CEDS (Missoula) - Not an approved program; presented two proposals, one for a half-way house and an out-patient facility. Discussion; should funding become available the half-way house would have priority for State funding.

Missoula General Hospital - No State funds requested; not an approved program. Recommend Missoula County set aside \$41,980 for program. Program will be considered later as funds become available. This will be a 14-bed residential program. Total approved budget \$170,910.

W MT Regional Alcoholism Services, Inc. - Has been divided into Mineral, Ravalli and Missoula Counties. Ravalli County State funds \$5,186; Sanders County State funds \$73; Missoula County State funds \$5,259. Travel and one Missoula County prevention/education staff position cut. Total approved budget \$105,340.

Missoula Indian Program - New program; County funds \$1,250; State funds \$850. Recommendation that if the County does not fund, the State fund \$2,100 (travel \$500; training \$1,600). Total approved budget \$69,600.

Lincoln County - Objectives must be re-written in measurable terms; projector eliminated \$935. Recommended State funds \$36,649, total approved budget \$58,174.

Sanders County - New program formerly under the Flathead Tribal Program. One counselor position cut, contracted accounting position cut; discussion centered on 85% of the County population being alcoholics. Objectives must be re-written in measurable terms. Recommended State funds \$14,735, total approved budget \$23,133.

NW MT Alcohol & Drug Services, Inc. - County funds; current low client staff ratio (4-1); non-Indians served. Discussion. Council recommended Lake County alcohol funds be used to open and operate an out-patient alcohol program in Polson for non-reservation county residents. Total approved budget \$306,598.

Flathead Alcoholism Program - Appears to be adequate county funds; experimental residential detox facility may be funded later. Program is interested in visiting the Adams County facility in Denver with the Council. 12 month budget submitted. Total approved budget \$234,526.

Mr. Plumage made the motion that the above programs be funded as recommended. Second by Mrs. Skelton. Motion carried.

Mrs. Skelton moved the Rimrock proposals be reviewed at the next Council meeting, October 12 & 13. Second by Mrs. Hanrahan. Motion carried.

The Department/Division involvement with the Women's Task Force was discussed and the first meeting scheduled for October 11, 1:30 p.m. in the Department Conference Room. A tentative date of October 2-5 was set as a possible date for a visit to the Adams County facility in Denver.

The October 12-13 meeting will convene at 9:00 a.m. There will be a Certificate of Need review for an eastern Montana treatment facility on the 13th with HSA at 11:00 a.m. Miles City Holy Rosary Hospital and the Valley Industrial Park will be contacted to make a presentation on their proposals to the Advisory Council prior to the HSA meeting.

Mr. Murray stated there was the possibility of additional funds from the federal level if we submitted a second State alcohol plan. The eastern Montana residential treatment facility was discussed with Dr. VanHorne stating it appeared the Board will examine the proposals and funding would become available for construction, etc., prior to January 1978. Mrs. Hanrahan questioned if Mr. Grimes could be secured to give the Council an evaluation of the needs, recommendation for the center(s) and meet with the Council October 12 with this information.

Mr. Swartz reviewed the contracts to furnish a drug counselor to the Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison. Mr. Bob Frye will work through the Mental Health Center in Miles City for Pine Hills, Mr. John Brekke will work at Swan River, employed by Region V Drug and Alcohol Board, and Bob McKinnon will be employed by the Division and work at the prison.

Discussion was held on the urban Indian proposal, the suggested contract for a study on the protective custody/drunken law enforcement procedures and the proposal for the university system to implement a training program for police officers. Dr. VanHorne stated proposals should be received by October 31. Discussion of the revolving door alcohol problem. Mini-grant applications will be due October 21 for review at the November 8 meeting.

Mr. Swartz explained the progress of the DWI schools. These operational plans will be due October 31 for the November 8 meeting. Regions I and V have RAROS as yet, continuation grant applications will also be reviewed.

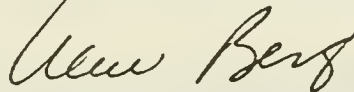
Mrs. Skelton expressed a desire to visit programs; the November 8 meeting will be scheduled at the site receiving the Certificate of Need in eastern Montana.

Mrs. Hanrahan questioned the "occupational program" the Department is involved with. It was explained by Mr. Swartz it is kept on a low profile, and maybe needs to be "advertised" at least in the State phone book. It has been effective in cases where it has been used.

Mr. Murray reported on a contact with the "Montana Citizen" for an ad in the State Chamber of Commerce magazine. He has also requested the COMP Care Corporation of California to submit a proposal on prevention education awareness program. These issues were discussed with the Council and the Council is in agreement with staff action taken.

Mrs. Hanrahan moved the meeting be adjourned. Second by Miss Herlevi.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

ALICE BERG, Recorder

MINUTES

ALCOHOL AND DRUG ADVISORY COUNCIL

The State Advisory Council on Alcohol & Drug Abuse met in the Department of Institutions Conference Room on Tuesday, August 12, 1977 at 10:00 a.m.

Members Present:

Robert L. VanHorne, Ph.D. — Chairman
Martha Herlevi — Vice Chairman
Senator Larry Fasbender
Gary Hall
Katherine Hanrahan
Joseph Plumage
Peggy Skelton

Members Absent:

Sherry Pettit

Guests:

Don McDonald, Region II RADRDS
Berna RunningFisher, Blackfeet Tribal Alcoholism Program, Browning

Staff:

Mike Murray
Barry Potter, Consultant
George Swartz

Region VIII Staff, Denver:

Dr. Stan Mahoney
Ms. Naomi Kennedy
Mr. Ted Fasso

Dr. VanHorne opened the meeting. The minutes of the July 27 meeting were discussed and accepted on the motion of Miss Herlevi. The State Alcohol Plan was presented.

Mr. Fasso, Coordinator, Alcohol Prevention, Treatment & Rehabilitation Programs, spoke briefly on the Plan information review prior to this meeting. He stated the funding for the plan is on an October 1, 1977 - September 30, 1978, fiscal year. Also, the HEW priority areas for program emphasis include women and youth.

Ms. Kennedy stated the Plan did not contain the A-95 review as required but the State has made great improvements over the years and the general direction of the Plan was good. She felt the summer workshop was an

effective program and would like to see it continue in future years and possibly expand. She questioned the figure in the report for "medical professionals" and it was explained that the figure would include nurses as in most treatment facilities in the State, nurses, rather than physicians see clients in the emergency room at the treatment facilities.

Certification was the next area of discussion. Mr. Plumage questioned the percentage of time spent in counseling clients and felt it should be 90% of the counselors time. Mr. Fassio responded that 50% was a more reasonable percentage as the paperwork was a necessary item and was time consuming. A program with a direct patient activity of 50% meets any Federal standards. Section 8, Region I, women's plan was discussed. Mr. Swartz stated 10% of clients are women; 43% of the program counselors are women. Mr. Murray reported on the State Task Force for Women and also the Regional Coalition of which Norma Murphy of this Division is the State representative. It is planned that a modality for treatment of women will be developed and training emphasis will be on treatment for women. Child abuse and neglect as well as the battered wife syndrome was discussed. This Division and the Department are coordinating efforts with the Social Rehabilitation Services Department in these areas as well as with the Corrections Division to some degree within the Department. Miss Herlevi brought in the name of Dr. Bill Roder of St. Mary's Hospital in Los Angeles, California, as a person who had done research and study in this field.

Senator Fasbender questioned the necessity of the LEAA grant for \$3,000 for an additional study of the battered wife syndrome with the response from Mrs. Hanrahan that she felt the public involvement was most valuable. She reported briefly on a meeting held recently in Glendive which proved most informative and made people realize the problem is a local one, not one that happens elsewhere. This was discussed. It was pointed out that new programs do not need development, a re-direction for existing ones or training so that the problems can be handled and knowledge of available resources.

Section 8.1.17 - Eastern Montana. Social problems involved with the coal development was discussed and the involvement of private industry noted. Continued efforts for involvement of business people on boards, etc., is to be encouraged, developed and utilized to the extent possible.

Mr. Murray talked about a program called Operation Mainstream which was quite successful while in operation. The Rocky Mountain Development Council had contracted to have clients work on projects for the community and extensive work was done at the Lewis & Clark County Fairgrounds. It was felt by the group that projects of this type are very worthwhile and some special interest development should be done.

Ms. Kennedy discussed the Hill-Top Recovery Center as included in the Plan and questioned the 30-day residence, if that was longer than average. Mr. Fassio felt there may be a problem with the "revolving door" at the facility. This led to a discussion on the institutionalization concept and the point made that Adams County, Colorado, has a facility called Washington House which has a 5-day in-residence/intensive outpatient counseling modality that is very effective. It seems to put the responsibility for a "cure" on the patient, not on the program, which is where it has to be.

The Regional/County philosophy was questioned by Mr. Fassio; Region III seemed to have a good Indian project plan. A discussion was held on the Regional vs the County function and how other states in the Region were having some difficulties with the concept and it probably would be something that would never be resolved completely, but something that needed refinement, depending upon the circumstances being dealt with. Dr. Mahoney stated the trend is toward Regionalization, there is no way feasible to provide comprehensive alcohol services on a County basis. Some regionalization is economically essential for operation of a program.

The arrest rate of Mexican Americans in Region III was questioned. Senator Fasbender stated Great Falls has discontinued their practice of arrests for drunkenness. This was discussed. Region IV had some areas which need to be updated; Region V is using the Regional approach to some identified needs. Efforts toward helping the urban Indian were commendable; the Community College in Kalispell seemed to be very effective (the point was made that it seemed smaller, local schools of this type were more responsive to community needs and should be utilized to the fullest extent possible).

Dr. Mahoney agreed with Mr. Fassio's statement that an introductory statement in the Plan regarding Regional input should be added to tie it together. Mrs. Hanrahan stated that in the future an effort be made to standardize information.

Ms. Kennedy stated the State has lots of work to do; care should be taken that all of the eggs are not in the educational basket. Mr. Fassio commented that at the Plan now stands it is difficult to evaluate and hard to measure. Prevention skills need to be developed, be more specific. Strengths of the Plan included the active participation of the Board and citizens was excellent. It had a Statewide impact and set priorities; budget had been allocated. The inclusion of the Alcoholism and Montana Indian People, Toward an Off-Reservation Solution by C.E. Grimes was informative; resources were identified. Indian alcoholism programs seemed to benefit from the Regionalization which was a good point. Training was identified.

Weaknesses included the County/Regional problem, women's programs were not inclusive, the problem with alcohol/mental health umbrella and needs based on extrapolation. Also not covered in the Plan was an Affirmative Action Plan. Basis for selection of State Advisory Council members should be included. It appeared the Regional plans were written sometime prior to submission of the Plan; questioned the reason for this. Management/business inclusion on the Council is desirable. Counselor certification needs further refinement, and an organizational chart should be included.

Mr. Fassio pointed out the Department of Transportation has funds for vans to programs which qualify. This was of interest to the group and will be investigated. Ms. Kennedy felt volunteers from AA should have a value; the Plan

should have a 30-day period of public availability prior to submission. She also raised the question on the feasibility of a winter session instead of or along with a summer session. Also questioned again was the length of stay of clients in some treatment facilities.

Points made by Dr. Mahoney were: date Plan is to be submitted is July 15; A-95 review is essential before any official action can be taken on the Plan; the Affirmative Action Plan must be included. Mr. Murray took exception to this as he felt the Department of Institutions has a plan as well as the Division covered by one under the State Merit System Council; he felt it was unnecessary duplication of effort. Dr. Mahoney stated the Plan should include a reference where this Affirmative Action Plan is available. As of January 1, 1979, the Federal people will be examining Plans for age discrimination. This should be kept in mind. He also questioned if University or college education is applicable to the needs of the State, i.e., are those educational units receptive to community needs and willing to offer courses to fill these community needs.

At this point Mr. Fassio inquired as to the status of Galen AT&R. It was explained they are funded by the alcohol tax as part of the Alcohol & Drug Abuse Division and are under the administration of Warm Springs State Hospital.

Terry Stanclift, Training and Certification Supervisor, entered the meeting. Dr. VanHorne questioned the funds available for certification up-grade and if it is possible to continue. Mr. Stanclift explained the grant under which this project is funded and the dependency upon the grant for the necessary funds. Berna RunningFisher questioned if there would be a certificate for Administrator's. Mr. Stanclift explained that anyone applying would be certified at a Class II level. For the time being, that is the only level which certification will be issued. Certification of Administrator's will be tabled until assessed further. Counselor Certification standards will be included in the Montana Administrative Code by October 26, 1977 and become effective as of that date.

Mr. George Swartz entered the meeting and at this time gave a report on the status of the DWI bills (HB251 and HB355) implementation. A program should be available to all courts in the State September 1, 1977. It is anticipated that a \$50 charge will be assessed the courts and offenders will be required to attend a minimum of 8 hours of schooling. This will include first offenders as a preventative measure. The habitual offenders will be handled a little differently. Berna RunningFisher questioned the inclusion of the Indian reservations. Mr. Swartz responded that this question is unanswered at this point - he assumed if the reservations wanted coverage under the program it would be their prerogative - the program is available, instructors will be certified in the immediate future. Mr. Swartz also spoke on the Division's application of an LEAA grant for three substance abuse counselors to cover Swan River Youth Forest Camp, Pine Hills School for Boys and Montana State Prison. Southwestern Montana Drug Program has been counseling the girls at the Mountain View School and has done some work at the prison in the past. These positions would be counseling at the institutions.

8/12/77

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The application of the Department of Justice for the Alcohol and Abused Substances Unit (DWI lab in Missoula) for \$39,776 for the period October 1977 through June 1978 was discussed. As the Council was in favor of the project but realized there was a limited amount of funding available, Mrs. Hanrahan made the motion to fund them for the interim period (one-third) of the request with the recommendation that other sources of funds be developed for the future. Motion seconded by Miss Herlevi. Passed.

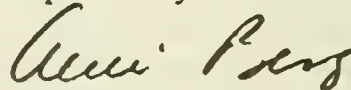
A proposal from Toole County was presented. Some of the elements in the proposal had been addressed by prior Council action and it was the opinion of Division staff as the goals and objectives were not measurable it not be funded. Senator Fasbender made a motion funding be denied, second by Mrs. Skelton. Motion carried.

Changes in the State Plan were discussed as well as the feasibility of a Health Systems Agency Board members' inclusion on the Council. The treatment facility in Eastern Montana was discussed and it was recommended by the Council that Clint Grimes be contacted to assess the potential of proposals.

Mr. Hall made the motion to adjourn; motion seconded and carried.

The next meeting will be the third week in September.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

Alice Berg, Secretary

APPENDIX 4

ASSURANCES

MAINTENANCE OF EFFORT. The State of Montana hereby provides assurance that Federal funds will not supplant non-Federal funds that may be otherwise available for provision of the services and carrying out the activities under this Plan. Such funds will, to the extent practical, be used to increase the level of funds otherwise available for such services and activities.

MERIT SYSTEM. The Alcohol and Drug Abuse Division of the Montana Department of Institutions is a participating agency in the Montana State Merit System Plan. The Plan is developed and administered in accordance with "Standards for a Personnel Merit System", 45 EPR, Part 70.

NONDISCRIMINATION. All services provided under this State Plan will be made available without discrimination on account of race, creed, color, sex, marital status, or duration of residence.

The Department of Institutions and any other agency, organization, or institution carrying out any authority under the State Plan shall not discriminate in any way against any employee with respect to compensation, terms, conditions, or privileges of employment solely because of race, color, creed, sex, or national origin, nor shall they refuse employment to any qualified applicant for a position solely on the basis of the fact that he or she has or has not had a problem of alcohol abuse or alcoholism.

No formula grant funds will be awarded to public or private general hospitals which have received Federal funds for alcoholic treatment programs and which refuse admission and treatment to alcoholic persons solely on the basis of their alcoholism.

NO CONFLICT OF INTEREST. No employee of the Department of Institutions nor any firm, organization, or corporation receives funds from any applicant directly or indirectly in payment for services provided in connection with the Montana State Plan for Alcoholism and Drug Abuse Prevention, Treatment and Rehabilitation. Applicant agencies requesting subgrant funds will be required to submit similar assurance.

ACCOUNTING PROCEDURES. Accounting procedures necessary to assure proper disbursement of and accounting for funds paid to the State under this formula grant program have been established by the Management Services Division of the Department. Funds allocated to Montana in the Alcohol formula grant program under Public Law 91-616 will be clearly delineated from those obligated under other Federal formula or project grant programs. To this point, the budget number for this program has been established as 04571, Alcoholism Grant Program, for fiscal control purposes.

All records will be kept for such periods of time as deemed necessary for completion of Federal Audit as specified in the Guidelines for the Formula Grant Program under Public Law 91-616 and amendments.

Fiscal records relative to the use of funds made available under Public Law 91-616 and amendments shall be made available to inspection and fiscal audit at reasonable times by persons designated by the Secretary.

REPORTS. Annual progress and expenditure reports shall be submitted as may be required, to the Associate Regional Health Director, Department of Health, Education, and Welfare, Region VIII, Denver, with a copy to the Director of the National Institute on Alcohol Abuse and Alcoholism.

ACCESSIBILITY. All the services provided under this Plan will be so publicized as to be generally known to the population to be served, and will be available and responsive to the needs of those to be served, and will be so located as to be readily accessible to the population to be served.

SUBMISSION, REVIEW, AND APPROVAL OF THE STATE PLAN. The State Plan will be reviewed and updated or revised as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available. Any revisions or updating will be subject to the same review procedure as the Plan itself.

In years subsequent to this submission, the procedure to be followed in the submission and review of the Plan will be as follows:

As soon as possible following submission of the Plan for a fiscal year, staff revision and updating of the document will begin. The Plan for fiscal year 1978 will be developed and prepared for review by the Advisory Council as early in the fiscal year as practical.

Following Council review and comments, the documents will be made available for public review and comment at the Executive Office of the Department of Institutions, 1539 11th Avenue, Helena, Montana, as well as the office of the Alcohol and Drug Abuse Division of the Department. Such availability will be announced through a description of the Plan and a notice of its availability, which will be published 30 days prior to submission for approval.

Following this 30 day review period, copies will be submitted to the Office of the Governor, A-95 Clearinghouse for their review and comments relative to the relationship of this Plan or any modifications of the Plan to comprehensive and other State plans and programs and will provide the Department of Health, Education, and Welfare with their comments.

Forty-five days will be allocated for such review, and any comments or statements that there are no comments will be submitted with the Plan.

EVALUATION. The prevention education or treatment projects or programs supported by formula, or state grant funds have and will continue to provide the Alcohol and Drug Abuse Division a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such prevention or treatment programs or projects.

All of the other required assurances as described in previous State Plans are being met by this FY79 Plan.

Appendix 5

PROOF OF AVAILABILITY FOR PUBLIC REVIEW

The following notice, announcing availability of the Montana State Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation, appeared in all major statewide newspapers, The Missoulian, the Great Falls Tribune, Helena Independent Record, Kalispell Daily Inter Lake, Butte Montana Standard, and the Billings Gazette prior to submission of the Plan.

LEGAL NOTICE

The combined 1979 Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment & Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this Plan may be reviewed at the Administrative Office of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Ave., Helena, MT phone 449-2827 or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This Plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-616 and 92-282.

Copies of this Plan will be submitted to the appropriate offices of NIDA and NIAAA in Washington, D.C. and the Regional Office of the Department of HEW, Denver, Colorado for review and approval. Copies will be submitted to appropriate State and local agencies for their review and comment. Interested persons concerned with alcohol abuse and alcoholism and/or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be addressed to:

FY1979 State Plan
Michael A. Murray,
Administrator
Alcohol & Drug Abuse
Division
Department of Institutions
1539 11th Ave.,
Helena, MT 59601

June 30

